07/19/2010 15:35

Image# 10931033669

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office	Use Only
1.			IAILING LABEL OR PRINT 🗑	Example:If over the lin	typing, type es		
Ш	American Hospital Association	PAC					
Ш							
ADI	DRESS (number and street)	325 Seve	enth Street, NW		1 1 1 1 1 1 1		1
Y	,	Suite 700)				
	Check if different than previously reported. (ACC)	Washing	iton			DC L	20004
2.	FEC IDENTIFICATION NUMI	BER 🔻	СІТ	Y 🛕	S	TATE	ZIPCODE 🛕
	C00106146			S THIS X EPORT	NEW (N) OR	AMENDE (A)	ED.
4.	TYPE OF REPORT (Choose One)	(b) Moi Rep Due		20 (M2)	May 20 (M5)	Aug 20 (M8	Year Only)
	(a) Quarterly Reports:		Mar	20 (M3)	Jun 20 (M6)	Sep 20 (MS	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q1 July 15) (c)	Apr 12-Day	20 (M4) Primar	y (12P)	Oct 20 (M1 General (12G)	0) Jan 31 (YE) Runoff (12R)
	Quarterly Report(Q2 October 15 Quarterly Report(Q3		PRE -Election Report for the:	Conve	ntion (12C)	Special (12S)	
	January 31 Quarterly Report(YE		Electio	n on			in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d)	30-Day Post -Election	Gener	al (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)		Report for the:	on on			in the State of
5.	Covering Period 0 6	0 1	2010	thro	ough 0 6	30 201	0
l ce	ertify that I have examined this R	eport and to	the best of my kno	wledge and beli	ef it is true, correct a	nd complete.	
Тур	e or Print Name of Treasurer	Ms. Me	linda Hatton				
Sigi	nature of Treasurer Electron	ically Filed b	oy Ms. Melinda H	latton	Da	ate 07	19 2010
NO	TE : Submission of false, erron	eous, or inc	omplete information	ı may subject th	e person signing this	Report to the penalt	ies of 2 U.S.C 437g.
	Office Use Only						C FORM 3X (Rev. 12/2004)
FF6	SAN026	•					

SUMMARY PAGE

D D

0 1

OF RECEIPTS AND DISBURSEMENTS

Y W Y 2010

2/113

2010

м м 0 6

^D 30

FEC Form 3X (Rev. 02/2003)

Report Covering the Period:

Write or Type Committee Name American Hospital Asso)
Report Covering the Period	From:	м м 0 6

From:

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2010 Y Y Y		2190847.18
(b) Cash on Hand at Begining of Reporting Period	2091569.32	
(c) Total Receipts (from Line 19)	193700.56	796040.68
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2285269.88	2986887.86
Total Disbursements (from Line 31)	113303.24	814921.22
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2171966.64	2171966.64
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 113

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From: 0 6

01

Y Y W Y 2010

To:

м м 0 6 D D D

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	75364.85	278226.94
(ii) Unitemized	28916.03	93349.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	104280.88	371576.05
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	104280.88	371576.05
Transfers From Affiliated/Other Party Committees	74600.00	395700.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	14637.54	14637.54
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	12750.00
7. Other Federal Receipts (Dividends, Interest, etc.)	182.14	1377.09
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	193700.56	796040.68
. Total Federal Receipts (subtract Line 18(c) from Line 19)	193700.56	796040.68

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 113

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	202.02	11207.97
	Expenditures(c) Total Operating Expenditures	302.93	11297.87
	(add 21(a)(i), (a)(ii) and (b))	302.93	11297.87
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	113000.31	551975.31
24.	Independent Expenditure	0.00	251455.54
5.	(use Schedule E)	0.00	251455.54
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
00	Ī	0.00	0.00
20.	Loan Repayments Made		
	Loans Made Refunds of Contributions To:	0.00	0.00
_0.	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	192.50
oU.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	2.22	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	113303.24	814921.22
32.	Total Federal Disbursements		
<i>,</i>	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	113303.24	814921.22

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	104280.88	371576.05
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	104280.88	371576.05
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	302.93	11297.87
37.	Offsets to Operating Expenditures (from Line 15, page 3)	14637.54	14637.54
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-14334.61	-3339.67

FE6AN026

SCHEDULE A (FEC Form 3X)

Any information copied from such Reports a		X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Don Adams Mailing Address 419 Natural Resou	rces Drive	Date of Receipt
City Little Rock	State Zip Code AR 72205-1576	Transaction ID: 18318564 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Arkansas Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Robert P. Atkinson, , FACHE Mailing Address 1600 West 40th Av	venue	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18318565
Pine Bluff FEC ID number of contributing federal political committee.	AR 71603-7089	Amount of Each Receipt this Period 350.00
Name of Employer Jefferson Regional Medical Center Receipt For:	Occupation President and Chief Executive Officer	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Tina Creel	L	Date of Receipt
Mailing Address 419 Natural Resou	rces Drive	0 6 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Little Rock	State Zip Code AR 72205-1576	Transaction ID: 18318566
FEC ID number of contributing federal political committee.	AR 72205-1576	Amount of Each Receipt this Period 500.00
Name of Employer Arkansas Hospital Associa- tion	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Mr. Paul Cunningham		Date of Receipt
Mailing Address 419 Natural Resource	ces Drive	06 01 7 2010
City	State Zip Code	Transaction ID: 18318567
Little Rock	AR 72205-1576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Arkansas Hospital Associa-	Occupation Senior Vice President	
tion Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Christina Hockaday, , FACHE		Date of Receipt
Mailing Address 4 Hospital Drive		06 01 2010
City	State Zip Code	Transaction ID: 18318568
Morrilton	AR 72110-4510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer St. Anthony's Medical Cen- ter	Occupation Chief Executive Officer and Administra	_ a
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Beth Ingram		Date of Receipt
Mailing Address 419 Natural Resource	ces Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18318569
Little Rock	AR 72205-1576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Arkansas Hospital Associa- tion	Occupation Vice President	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional		1350.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 113 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Phil E. Matthews		Date of Receipt
Mailing Address 419 Natural Resource		06 01 2010
City	State Zip Code	Transaction ID: 18318570
Little Rock	AR 72205-1576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Arkansas Hospital Associa- tion	Occupation President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mr. Raymond W Montgomery, II, FACHE	Date of Receipt	
Mailing Address 3214 East Race Aver	ue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18318571
Searcy	AR 72143-4810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer White County Medical Cent- er	Occupation President and Chief Executive Office	r
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mr. Bo Ryall	Date of Receipt	
Mailing Address 419 Natural Resource	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 18318572
Little Rock	AR 72205-1576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Arkansas Hospital Associa- tion	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
CURTOTAL of December This Page (antional)		3000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1 for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	ng the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Douglas Weeks, FACHE Mailing Address 9601 Interstate 63	30. Evit 7	Date of Receipt
		06 01 2010
City Little Rock	State Zip Code AR 72205-7202	Transaction ID: 18318573
FEC ID number of contributing federal political committee.	AR 72205-7202	Amount of Each Receipt this Period 500.00
Name of Employer Baptist Health Medical Center-Little R Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Senior Vice President/Administrator Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Elisa M. White Mailing Address 419 Natural Resor	urces Drive	Date of Receipt 0 6 0 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City	State Zip Code	Transaction ID: 18318574
Little Rock	AR 72205-1576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Arkansas Hospital Associa- tion	Occupation Vice President & General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Brian E Keeley		Date of Receipt
Mailing Address 6855 Red Road, S	Suite 600	0 6 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18318575
Coral Gables	FL 33143-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Baptist Health South Flor- ida	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 113 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may r name and addr	not be sold or used by any personss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Dr. Stephen Smart, , DDS			Date of Receipt
Mailing Address 318 Thompson Avenue City	e State	Zip Code	0 6 0 1 2 0 1 0 Transaction ID: 18318577
El Dorado	AR	71730-4569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Medical Center of South Arkansas Receipt For: Primary General Other (specify) ▼		of the Board ∕ear-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings Mailing Address 365 Montauk Avenue			Date of Receipt
			06 02 2010
City	State	Zip Code	Transaction ID: 18319598
New London	СТ	06320-4700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Lawrence & Memorial Hospi- tal		and Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Mr. John A Miller, , Jr., FAC			Date of Receipt
Mailing Address 1205 Briarwood Ave.			06 07 2010
City	State	Zip Code	Transaction ID: 18331708
Anderson	SC	29621-3931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer AnMed Health Medical Cent- er	Occupation President		
Receipt For:	Aggregate \	rear-to-Date ▼	-
Primary General Other (specify) ▼		750.00	
SUBTOTAL of Receipts This Page (optional)	1		1750.00
TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Repor or for commercial purposes, other than to NAME OF COMMITTEE (In Full) American Hospital Association	ts and Statements may not be sold or used by any person using the name and address of any political committee to see PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Richard Kirk Toomey, , FACHE Mailing Address 955 Ribaut Roa City	nd State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Beaufort FEC ID number of contributing federal political committee.	SC 29902-5441	Amount of Each Receipt this Period 500.00
Name of Employer Beaufort Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. James O'Loughlin Mailing Address P O Box 10055	Date of Receipt M M	
City	State Zip Code	Transaction ID: 18331710
Florence	SC 29501-0550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carolinas Hospital System	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Bruce P Bailey Mailing Address 606 Black Rivel	Date of Receipt	
City	State Zip Code	06 07 2010 Transaction ID: 18331711
Georgetown	SC 29440-3304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Georgetown Memorial Hospi- tal Receipt For:	Occupation Chief Executive Officer	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	tional)	1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 113 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Rick Kaylor Mailing Address 606 Black River Road		Date of Receipt
	Mailing Address 606 Black River Road City	State Zip Code	0 6 0 7 2 0 1 0 Transaction ID: 18331712
	Georgetown	SC 29440-3304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Georgetown Memorial Hospi- tal	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ms. Suzanne White		Date of Receipt
	Mailing Address 701 Grove Road		06 07 2010
	City	State Zip Code	Transaction ID: 18331713
	Greenville	SC 29605-5611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Greenville Hospital System	Occupation Vice President, Chief Nursing Officer	r
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Richard E D'Alberto, , FACHE		Date of Receipt
	Mailing Address P O Box 976		06 7 07 2010
	City	State Zip Code	Transaction ID: 18331714
	Clinton	SC 29325-0976	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Laurens County Health Care System	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	250.00	
Г			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 113 (check only one) X
o V	ny information copied from such Reports and Si r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Robert L Colones Mailing Address P O Box 100551 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Florence	SC	29502-0551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer McLeod Health Receipt For: □ Primary □ General Other (specify) ▼		and Chief Executive Office Year-to-Date ▼	<u>r</u>
_ 3.	Full Name (Last, First, Middle Initial) Mr. Charles D Beaman, , Jr. Mailing Address P O Box 2266			Date of Receipt 0 6 0 7 2 0 1 0
	City	State	Zip Code	Transaction ID: 18331716
	<u>Columbia</u>	SC	29202-2266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Palmetto Health	Occupation President	n and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
 ;.	Full Name (Last, First, Middle Initial) Mr. James M Bridges			Date of Receipt
	Mailing Address 214 Libby Ariail Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18331717
	Chapin	SC	29036-8256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Palmetto Health Baptist/C- olumbia		Vice President and Chief C	Эре
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)	ı	_	1000.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for formore cila purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Anerican Hospital Association PAC A. A. M. Douglas Bowling Malling Address 2509 Watercrest Lane City Johns Island SC 29455-3108 FEG ID number of contributing federal political committee Receipt For: Primary General Other (specify) ▼ Cocupation VP, Managed Care & Physician Services Name of Employer Roper Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ellen Jackson Brown Malling Address 316 Calihoun Street City Charleston SC 29401-1113 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ellen Jackson Brown Malling Address 316 Calihoun Street City Charleston Full Name (Last, First, Middle Initial) Ms. Ellen Jackson Brown Malling Address 316 Calihoun Street City Charleston Full Name (Last, First, Middle Initial) Ms. Allen P Carroll Malling Address 3095 Henry Tecklenburg Drive City Charleston SC 29414-5733 FEC ID number of contributing federal political committee C Date of Receipt Transaction ID: 18331779 Amount of Each Receipt Initial Date of Receipt Transaction ID: 18331779 Amount of Each Receipt Initial Amount of Each Receipt Initial Amount of Each Receipt Initial Transaction ID: 18331779 Amount of Each Receipt Initial Amount o		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Mr. Douglas Bowling Mailling Address 2509 Watercrest Lane City State Zip Code Johns Island SC 29455-3108 FEC ID number of contributing federal political committee. Name of Employer Roper Hospital B. Full Name (Last, First, Middle Initial) Ms. Eillen Jackson Brown Mailing Address 316 Calhoun Street City State Zip Code Charleston SC 29401-1113 FEC ID number of contributing federal political committee. Name of Employer Roper Hospital City State Zip Code SC 29401-1113 FEC ID number of contributing federal political committee. Name of Employer Roper Hospital City State Zip Code SC 29401-1113 FEC ID number of contributing federal political committee. Name of Employer Roper Hospital Receipt For: Primary General City State Zip Code SC 29414-5733 Full Name (Last, First, Middle Initial) Mid-Number of Contributing federal political committee. City State Zip Code SC 29414-5733 Full Name (Last, First, Middle Initial) Mid-Number of Contributing federal political committee. City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. City State Strancis Francis Fec ID number of contributing federal political committee. City State Strancis Francis Ferric Date V		or for commercial purposes, other than using the or NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Ms. Ellen Jackson Brown Mailing Address 316 Calhoun Street City State Zip Code Transaction ID: 18331719 Charleston SC 29401-1113 FEC ID number of contributing federal political committee. Name of Employer Roper Hospital Other (specify) ▼ 250.00 Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Pate of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Sc 29414-5733 Amount of Each Receipt this Period Transaction ID: 18331720 Amount of Each Receipt this Period Transaction ID: 18331720 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Sc 29414-5733 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Sc 29414-5733 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Sc 29414-5733 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Sc 29414-5733 Amount of Each Receipt this Period FEC ID number of contributing federal political committee.	A.	Mr. Douglas Bowling Mailing Address 2509 Watercrest Lane City Johns Island FEC ID number of contributing federal political committee. Name of Employer Roper Hospital	SC C Occupation Vice Pre	29455-3108 on sident of System Developme	Transaction ID: 18331718 Amount of Each Receipt this Period 500.00
Ms. Ellen Jackson Brown Mailing Address 316 Calhoun Street City State Zip Code Charleston SC 29401-1113 FEC ID number of contributing federal political committee. Name of Employer Roper Hospital VP, Managed Care & Physician Services Receipt For: Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ Cocupation Mailing Address 2095 Henry Tecklenburg Drive City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. Name of Employer Bon Secours St. Francis Health System Receipt For: Primary General Occupation CEO Aggregate Year-to-Date ▼ FOO 00	_	Primary General Other (specify) ▼	Aggregate	500.00	
Charleston SC 29401-1113 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Roper Hospital Name of Employer Roper Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City Charleston FEC ID number of contributing federal political committee. City Charleston FEC ID number of contributing federal political committee. Capation Cocupation Cocupation Code Charleston FEC ID number of contributing federal political committee. Name of Employer Bon Secours St. Francis Health System Receipt For: Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: 18331720 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Capation C	В.	Ms. Ellen Jackson Brown			M M / D D / Y Y Y Y
Roper Hospital VP, Managed Care & Physician Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Mr. Allen P Carroll Mailing Address 2095 Henry Tecklenburg Drive City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. Name of Employer Bon Secours St. Francis Health System Receipt For: Primary General VP, Managed Care & Physician Services Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18331720 Amount of Each Receipt this Period 500.00		Charleston FEC ID number of contributing	SC	•	Amount of Each Receipt this Period
Mr. Allen P Carroll Mailing Address 2095 Henry Tecklenburg Drive City State Zip Code Charleston SC 29414-5733 FEC ID number of contributing federal political committee. Name of Employer Bon Secours St. Francis Health System Receipt For: Primary General Date of Receipt M M M O D D O 7 2 0 1 0 Transaction ID: 18331720 Amount of Each Receipt this Period 500.00		Receipt For: Primary General	VP, Man	aged Care & Physician Servi e Year-to-Date ▼	ices
City State Zip Code SC 29414-5733 FEC ID number of contributing federal political committee. Name of Employer Bon Secours St. Francis Health System Receipt For: Primary General State Zip Code SC 29414-5733 Amount of Each Receipt this Period 500.00	- C.	Mr. Allen P Carroll	g Drive		M M / D D / Y Y Y Y
Name of Employer Bon Secours St. Francis Health System Receipt For: Primary General Occupation CEO Aggregate Year-to-Date FOO OO		Charleston FEC ID number of contributing	SC	·	Transaction ID: 18331720 Amount of Each Receipt this Period
Primary General 500.00		Name of Employer Bon Secours St. Francis Health System	Occupation CEO		
		Primary General	Aggregate	1 1 1 1 1 1 1	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE Mailing Address 125 Doughty Stree Suite 760 City Charleston	et State Zip Code SC 29403-5736	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 0 7 2 0 1 0 Transaction ID: 18331721 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Roper St. Francis Healthcare Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 750.00	750.00
Full Name (Last, First, Middle Initial) Mr. Gregory T Edwards Mailing Address 316 Calhoun Stree City Charleston FEC ID number of contributing federal political committee.	State Zip Code SC 29401-1113	Date of Receipt M M M / D D / Y Y Y Y Y O 6 0 7 2 0 1 0 Transaction ID: 18331722 Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital Receipt For: Primary General Other (specify) ▼	Occupation General Counsel Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Rev Terence K Fleming Mailing Address PO Box 357 City Folly Beach FEC ID number of contributing federal political committee.	State Zip Code SC 29439-0357	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Roper Hospital Receipt For: Primary General Other (specify) ▼	Occupation VP for Mission Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/113 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PA	<u>~</u>	, , ,	
Full Name (Last, First, Middle Initial) Doug Harrison			Date of Receipt
Mailing Address 1574 Fiddlers Mars	sh Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mt Pleasant	State SC	Zip Code 29464-4286	Transaction ID: 18331724
FEC ID number of contributing federal political committee.	C	29404-4200	Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupation Vice Pres	n sident, Human Resources	
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Lisa Irvin	I		Date of Receipt
Mailing Address 159 Harbour Watc	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State SC	Zip Code	Transaction ID: 18331725
Mount Pleasant FEC ID number of contributing federal political committee.	C	29464-2827	Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupation VP of Nu		
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Bret Johnson			Date of Receipt
Mailing Address 316 Calhoun Stree	0 6 0 7 2 0 1 0		
City Charleston	State SC	Zip Code 29401-1113	Transaction ID: 18331726
FEC ID number of contributing federal political committee.	C	23401-1113	Amount of Each Receipt this Period 500.00
Name of Employer Roper Hospital	Occupation Chief Fin	n ancial Officer	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option:	al)		1000.00

SCHEDULE A (FEC Fori	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/113 (check only one)
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Associatio	7.	
Full Name (Last, First, Middle Initia Ms. Pennie Peralta, RN, BSN		Date of Receipt
Mailing Address 2223 Hunter (M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Charleston	State Zip Code SC 29414-6705	Transaction ID: 18331727 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roper Hospital	Occupation Vice President of Nursing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Mr. Matthew J Severance)	Date of Receipt
Mailing Address 316 Calhoun	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code SC 29401-1113	Transaction ID: 18331729
Charleston FEC ID number of contributing federal political committee.	SC 29401-1113	Amount of Each Receipt this Period 500.00
Name of Employer Roper Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Dr Steven D Shapiro, , M.D.)	Date of Receipt
Mailing Address 316 Calhoun	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18331730
Charleston FEC ID number of contributing federal political committee.	SC 29401-1113	Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupation Vice President for Medical Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	optional)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1			
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any person ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) John Sullivan	.•	Date of Receipt			
Mailing Address 316 Calhoun Stree	et	0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 18331731			
Charleston	SC 29401-1113	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Roper Hospital	Occupation CEO, Mt. Pleasant				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Michael Taylor		Date of Receipt			
Mailing Address 316 Calhoun Stree	Mailing Address 316 Calhoun Street				
City	State Zip Code	Transaction ID: 18331732			
Charleston	SC 29401-1125	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer Roper Hospital	Occupation Chief Information Officer				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Mr. James L. Head, Jr. FACHE		Date of Receipt			
Mailing Address 1000 Center Point	06 07 7 2010				
City Columbia	State Zip Code SC 29210-5802	Transaction ID: 18331912			
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.	C	250.00			
Name of Employer South Carolina Hospital Association	Occupation Senior Vice President				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	nal)	1000.00			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 113 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∆ A .	Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby Mailing Address 1000 Center Point Roa	d		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18331913
	Columbia	SC	29210-5802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Carolina Hospital Association	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Patti Smoake			Date of Receipt
	Mailing Address 1000 Center Point Roa	.d		06 07 4 2010
	City	State	Zip Code	Transaction ID: 18331916
	Columbia	SC	29210-5802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Carolina Hospital Association	Occupation VP, Pub	on lic Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Jay Cox, FACHE			Date of Receipt
	Mailing Address 129 North Washington	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 18331917
	Sumter	SC	29150-4983	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Tuomey Healthcare System		t and Chief Executive Office	ır
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	
	SUBTOTAL of Receipts This Page (optional)			1375.00
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)			1375.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 113 (check only one) X			
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association Page 1	and Statements may not be sold or used by any person ng the name and address of any political committee to so	for the purpose of soliciting contributions plicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Mr. Joe D Howell		Date of Receipt			
Mailing Address 143 Lemaster Roa	ad	0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 18331918			
Gaffney	SC 29341-4903	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Upstate Carolina Medical Center	Occupation Executive Director				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Mr. Allan Stalvey		Date of Receipt			
Mailing Address 900 Gregg Street	· · · · · · · · · · · · · · · · · · ·				
City	State Zip Code	Transaction ID: 18331919			
<u>Columbia</u>	SC 29201-3913	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	650.00			
Name of Employer South Carolina Hospital Association	Occupation Senior Vice President				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00				
Full Name (Last, First, Middle Initial) Dr. Thomas Burke, M.D.	L	Date of Receipt			
Mailing Address 1515 Holcombe B	Mailing Address 1515 Holcombe Boulevard				
City Houston	State Zip Code TX 77030-4009	Transaction ID: 18331955			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer University of Texas M. D. Anderson Can	Occupation Executive Vice President and Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	nal)	1150.00			

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 113 (check only one) X		
	Statements may not be sold or used by any person he name and address of any political committee to			
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Ms. Vickie Diamond		Date of Receipt		
Mailing Address 1233 East Second S	treet	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 18331978		
Casper	WY 82601-2926	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Wyoming Medical Center	Occupation President and Chief Executive Officer			
Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00			
Other (specify) ▼				
Full Name (Last, First, Middle Initial) Ms. Debra D Carey				
Mailing Address 445 Lenox Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 18331980		
Brooklyn	NY 11203-2098	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	350.00		
Name of Employer SUNY Downstate Medical Ce- nter Universi	Occupation Chief Executive Officer			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Ms. Barbara Stoltzfus		Date of Receipt		
Mailing Address 235 Cantrell Avenue		06 03 7 2010		
City	State Zip Code	Transaction ID: 18331983		
<u>Harrisonburg</u>	VA 22801-3248	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Rockingham Memorial Hospi- tal	Occupation Trustee			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	500.00			
	1	1350.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/113 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Gary D. Duncan			Date of Receipt
Mailing Address 1437 Crestwood Dri	ve		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Joplin	State MO	Zip Code 64801-1039	Transaction ID: 18331987 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Freeman Health System	Occupation President	n t and Chief Executive Office	-
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Michael E Henze	I		Date of Receipt
Mailing Address 54 Hospital Drive			06 03 7 2010
City Osage Beach	State MO	Zip Code 65065-3050	Transaction ID: 18331990
FEC ID number of contributing federal political committee.	C	03003-3030	Amount of Each Receipt this Period 600.00
Name of Employer Lake Regional Health Syst- em	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Ms. Pamela J Rezac			Date of Receipt
Mailing Address 501 Summit Avenue)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18331998
Yankton FEC ID number of contributing federal political committee.	SD	57078-3855	Amount of Each Receipt this Period 250.00
Name of Employer Avera Sacred Heart Hospit- al	Occupation Regional	n President	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l		1850.00

City Sioux Falls Falls Sioux Falls Falls Sioux Falls	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A. A. A. A. Merican Hospital Association PAC Full Name (Last, First, Middle Initial) M. David R. Hewelt Mailing Address 5813 Tomar Road City Sioux Falls SD 57108-4661 FEC ID number of contributing federal political committee. President & Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Mevin R Creeley Mailing Address 425 West Fifth Street City State Zip Code OH 43920-2498 Full Name (Last, First, Middle Initial) Mr. Mevin R Creeley FEC ID number of contributing federal political committee. City State Zip Code OH 43920-2498 FEC ID number of contributing federal political committee. City State Zip Code President and Chief Executive Officer Rast Liverpool OH 43920-2498 Full Name (Last, First, Middle Initial) Mr. George H. St. George Mailing Address 306 Cork Pond Road City Sylvania GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cocupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 183322233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233 Amount of Each Receipt this Peric Transaction ID: 18332233	or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. Mr. David R. Hewett Mailing Address 5813 Tomar Road City State Zip Code SD 57108-4661 SD 57108-4661 Amount of Each Receipt this Peric SD Date of Receipt Tor: Primary	, , ,		
City State Zip Code Sioux Falls SD 57108-4661 FEC ID number of contributing federal political committee. Name of Employer South Dakora Assoc. of Healthcare Orga Receipt For: Other (specify) ▼ Occupation President & Chief Executive Officer Other (specify) ▼ Occupation Other (specify) ▼ Occupation President & Chief Executive Officer Other (specify) ▼ Other (specify) ▼ Occupation Other (specify) ▼ Other (specify) ▼ Other (specif	Mr. David R. Hewett		╡ '
Sioux Falls SD 57108-4661 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. C		Ohata Zin Ohala	06 07 2010
FEC ID number of contributing federal political committee. Name of Employer South Dakota Assoc. of Healthcare Orga Receipt For: Primary General Aggregate Year-to-Date ▼	-	·	
althcare Orga Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Melvin R Creeley Mailing Address 425 West Fifth Street City East Liverpool FEC ID number of contributing federal political committee. Name of Employer East Liverpool City General Other (specify) ▼ Cupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Mr. Melvin R Creeley Mailing Address 425 West Fifth Street Cupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Amount of Each Receipt this Peric 250. Date of Receipt Transaction ID: 18332213 Amount of Each Receipt Tor: Primary General Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18332233 Amount of Each Receipt this Peric Cupation Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18332233 Amount of Each Receipt this Peric 250.		C	500.00
Receipt For:	Name of Employer South Dakota Assoc. of He- althcare Oroa		
Mr. Melvin R Creeley Mailing Address 425 West Fifth Street City State Zip Code OH 43920-2498 FEC ID number of contributing federal political committee. Name of Employer East Liverpool City Hospital Receipt For: Primary General Other (specify) ▼ Path Name (Last, First, Middle Initial) Mr. George H. St. George Mailing Address 306 Cork Pond Road City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code Sylvania GA 30467-8656 FEC ID number of contributing federal political committee. Name of Employer Screven County Hospital City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code GA 30467-8656 FEC ID number of Contributing federal political committee. City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. City State Zip Code GA 30467-8656	Receipt For: Primary General	500.00	
City State Zip Code Bast Liverpool OH 43920-2498 FEC ID number of contributing federal political committee. Name of Employer East Liverpool City Hospital Full Name (Last, First, Middle Initial) Mr. George H. St. George Mailing Address 306 Cork Pond Road Full Name (Last, First, Middle Initial) City State Zip Code Transaction ID: 18332123 Amount of Each Receipt this Peric 250. Date of Receipt Mr. George H. St. George Mailing Address 306 Cork Pond Road City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. Name of Employer Screven County Hospital Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Mr. Melvin R Creeley		Date of Receipt
East Liverpool FEC ID number of contributing federal political committee. Name of Employer East Liverpool City Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. George H. St. George Mailing Address 306 Cork Pond Road City State Zip Code GA 30467-8656 FEC ID number of contributing federal political committee. Name of Employer Screven County Hospital Name of Employer Screven County Hospital Receipt For: Primary General Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt M M O O O O O O O O O O O O O O O O O	Mailing Address 425 West Fifth Street		
FEC ID number of contributing federal political committee. Name of Employer East Liverpool City Hospital President and Chief Executive Officer Receipt For: Primary	•	•	
East Liverpool City Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. George H. St. George Mailing Address 306 Cork Pond Road City State Zip Code Sylvania GA 30467-8656 FEC ID number of contributing federal political committee. Name of Employer Screven County Hospital Receipt For: Primary General President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18332233 Amount of Each Receipt this Perice 250.00	FEC ID number of contributing		Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (spec	East Liverpool City Hospi-	1 '	
Mr. George H. St. George Mailing Address 306 Cork Pond Road City State Zip Code Sylvania GA 30467-8656 FEC ID number of contributing federal political committee. Name of Employer Screven County Hospital Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City State Zip Code Sylvania GA 30467-8656 FEC ID number of contributing federal political committee. Name of Employer Screven County Hospital Primary General O 6 0 4 2 0 0 Transaction ID: 18332233 Amount of Each Receipt this Period 250.	,		Date of Receipt
Sylvania GA 30467-8656 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Name of Employer Screven County Hospital Chief Executive Officer Receipt For: Primary General Amount of Each Receipt this Period 250.	Mailing Address 306 Cork Pond Road		
FEC ID number of contributing federal political committee. Name of Employer Screven County Hospital Receipt For: Primary General C C Occupation Chief Executive Officer Aggregate Year-to-Date	•	· ·	
Screven County Hospital Chief Executive Officer Receipt For: Primary General Aggregate Year-to-Date 350.00	FEC ID number of contributing		Amount of Each Receipt this Period 250.00
Primary General 350,00	Name of Employer Screven County Hospital	•	
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persor te name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Charles T. Adams		Date of Receipt
Mailing Address P O Box 589		06 04 2010
City	State Zip Code	Transaction ID: 18332236
Royston	GA 30662-0589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ty Cobb Healthcare System, Inc.	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Bradford W Dykes	_L	Date of Receipt
Mailing Address 104 Windamere Circl	е	0 6 0 3 2 0 1 0
City	State Zip Code	Transaction ID: 18332808
Bedford	IN 47421-9604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Bedford Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Spencer L. Grover		Date of Receipt
Mailing Address 3636 Emily Way		0 6 0 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Carmel	State Zip Code IN 46033-4442	Transaction ID: 18332818
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer Indiana Hospital Associat- ion	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Paula Swenson		Date of Receipt
Mailing Address 2903 Coachman Dr.		0 6 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18332867
Valparaiso	IN 46385-2990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Catherine Hospital	Occupation Chief Nursing Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	0
Full Name (Last, First, Middle Initial) B. Mr. Thomas O. Barnes	1	Date of Receipt
Mailing Address 1900 Perkins St.		0 6 0 8 2 0 1 0
City	State Zip Code	Transaction ID: 18332959
Bristol	CT 06010-8924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Connecticut Children's Me- dical Center	Occupation Trustee	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	0
Full Name (Last, First, Middle Initial) Mr. Michael E. Sroczynski, Esq.	•	Date of Receipt
Mailing Address 681 East 5th Street #2		0 6 0 8 2 0 1 0
City Boston	State Zip Code MA 02127-3201	Transaction ID: 18332965 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Vice President, Government Rel	lations
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	1	1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 113 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Joseph M. Letnaunchyn		Date of Receipt
Mailing Address 225 Ariel Heights City	State Zip Code	0 6 0 8 2 0 1 0 T 18222000
Charleston	WV 25311-1143	Transaction ID: 18333000 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer West Virginia Hospital As- sociation	Occupation President & CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Diane Gail Stewart		Date of Receipt
Mailing Address 124 Boxford Square		06 08 2010
City	State Zip Code	Transaction ID: 18335071
Folsom	CA 95630-6820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sutter Center for Psychia- try	Occupation Vice Chair, Sutter Health Pacific	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Jack Ludmir		Date of Receipt
Mailing Address 800 Spruce Street		06 08 7 2010
City Philadelphia	State Zip Code PA 19107-6130	Transaction ID: 18335171
FEC ID number of contributing federal political committee.	C 19107-6130	Amount of Each Receipt this Period 350.00
Name of Employer Pennsylvania Hospital	Occupation Chair, Obstetrics & Gynecology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 113 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements mand add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	American Hospital Association PAC			1
A.	Full Name (Last, First, Middle Initial) Mr. Bruce Schwartz Mailing Address 39 Sheldon Street			Date of Receipt
	City	State	Zip Code	0 6 0 8 2 0 1 0 Transaction ID: 18335172
	Ardsley	NY	10502-2504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Montefiore Medical Center	Occupatio Executive	n e Vice Chair Psychiatry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Mark D Judy			Date of Receipt
	Mailing Address P O Box 330	01-1-	7. 0.4	06 / 09 / 2010
	City	State	Zip Code	Transaction ID: 18336886
	Leavenworth FEC ID number of contributing federal political committee.	C	98826-0330	Amount of Each Receipt this Period 500.00
	Name of Employer Cascade Medical Center	Occupatio Administ	n rator and Chief Executive Of	- fi
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Mark C. Adams, M.D.			Date of Receipt
	Mailing Address 1717 South J Street			06 / 09 / 2010
	City	State	Zip Code	Transaction ID: 18337264
	Tacoma FEC ID number of contributing federal political committee.	C	98405-4933	Amount of Each Receipt this Period 350.00
	Name of Employer Franciscan Health System	Occupatio Vice Pre	n sident and Chief Medical Offi	c
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			1350.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any person g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Karen L Bowling Mailing Address 127 Orlando Stree		Date of Receipt
Maining Address 127 Offacido Stree	21	06 10 2010
City	State Zip Code	Transaction ID: 18337964
Beckley FEC ID number of contributing federal political committee.	WV 25801-8792	Amount of Each Receipt this Period 500.00
Name of Employer Raleigh General Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. J Thomas Jones		Date of Receipt
Mailing Address 3106 N. Greystone	e Drive	0 6 1 0 2 0 1 0
City	State Zip Code	Transaction ID: 18337965
Morgantown	WV 26508-8601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer West Virginia United Heal- th System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Tommy H. Mullins		Date of Receipt
Mailing Address 1521 Spars Creek	Road	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18337966
<u>Danville</u>	WV 25053-8020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Boone Memorial Hospital	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David L Ramsey			Date of Receipt
	Mailing Address 20 Wildacre Road			06 10 2010
	City <u>Charleston</u>	State WV	Zip Code 25314	Transaction ID: 18337967 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Charleston Area Medical Center	Occupation Presiden	n t and Chief Executive Office	 r
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Michael G Sellards	<u> </u>		Date of Receipt
	Mailing Address 60 Mayfair Way			06 10 2010
	City	State	Zip Code	Transaction ID: 18337968
	Huntington FEC ID number of contributing federal political committee.	C	25705-3835	Amount of Each Receipt this Period 500.00
	Name of Employer St. Mary's Medical Center	Occupation Presiden	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
C.	Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings			Date of Receipt
	Mailing Address 2829 Cheswick Rd.			0 6 1 0 2 0 1 0
	City	State	Zip Code	Transaction ID: 18337974
	Quincy FEC ID number of contributing federal political committee.	C	62301-6380	Amount of Each Receipt this Period 500.00
	Name of Employer Blessing Hospital	Occupation Presiden	n t and Chief Executive Office	r
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	- '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Paul F. Hills Mailing Address 18 Heron Lane	Ctata 7'in Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Barrington	State Zip Code IL 60010-5142	Transaction ID: 18337978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Centegra Health System	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Barbara Johnson Mailing Address 385 Millennium Dri	NO.	Date of Receipt
		06 10 2010
City	State Zip Code	Transaction ID: 18338008
Crystal Lake FEC ID number of contributing federal political committee.	IL 60012-3761	Amount of Each Receipt this Period 250.00
Name of Employer Centegra Hospital - McHen- ry	Occupation Senior Vice President of Human Reso	ourc
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Gordon Langejans		Date of Receipt
Mailing Address 2400 North Rockto	n Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18338010
Rockford FEC ID number of contributing federal political committee.	IL 61103-3655	Amount of Each Receipt this Period 150.00
Name of Employer Rockford Memorial Hospital	Occupation VP, Medical Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (antion	al)	650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17 for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	the name and address of any political committee to so	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Zbigniew Lorenc Mailing Address 6710 Concord Trail		Date of Receipt 0 6 1 0 2 0 1 0
City	State Zip Code	Transaction ID: 18338011
Crystal Lake	IL 60012-3147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Centegra Hospital - Woods- tock Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	-	Data of Bassint
Ms. Angela McAuley Mailing Address 1301 Winston Circl	e	Date of Receipt 0 6 1 0 2 0 1 0
City	State Zip Code	Transaction ID: 18338012
Woodstock	IL 60098-3678	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Centegra Hospital - Woodstock Receipt For: Primary General Other (specify)	Occupation Senior Vice President, Women's Health Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Doug Rahn		Date of Receipt
Mailing Address 701 North First Stre	eet	0 6 1 0 2 0 1 0
City Springfield	State Zip Code IL 62781-0001	Transaction ID: 18338017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Memorial Health System	Occupation Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1000.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 113 (check only one) X
or for c	ormation copied from such Reports and Si ommercial purposes, other than using the ME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	erican Hospital Association PAC			
A. Mr. 1	Name (Last, First, Middle Initial) Robert Rosenberger ing Address 32 Rock River Court			Date of Receipt
	mg rise occ 52 Hock Hiver Gourt			06 10 2010
City		State	Zip Code	Transaction ID: 18338019
	perville	IL	60565-6347	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		250.00
<u>tock</u>		Occupation Chief Fin	n ancial Officer	
Rec	eipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
	Name (Last, First, Middle Initial) Jason Sciarro			Date of Receipt
	ing Address 14255 Castlebar Trail			06 10 / 2010
City	. Interest	State	Zip Code	Transaction ID: 18338020
	odstock	IL	60098-8881	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		500.00
Cen <u>tock</u>			e Vice President	
Rec	eipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		500.00	
	Name (Last, First, Middle Initial) Henry Seybold, Jr.			Date of Receipt
	ing Address 529 South Summit Stre			06 10 / 2010
City		State	Zip Code	Transaction ID: 18338021
	rington	<u>IL</u>	60010-4413	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		500.00
	ne of Employer kford Memorial Hospital	Occupation CFO	n	
Rec	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
SUBT	OTAL of Receipts This Page (optional)			1250.00
	L This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 113 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAGE	the name and address of any political committee to s	colicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jim H Skogsbergh Mailing Address 2025 Windsor Drive	e	Date of Receipt 0 6 10 2 0 1 0
City	State Zip Code	Transaction ID: 18338023
Oak Brook	IL 60523-1586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Advocate Health Care	Occupation President and Chief Executive Officer	- -
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Kevin Ruggles		Date of Receipt
Mailing Address 2400 North Rockto		06 10 7 2010
City	State Zip Code	Transaction ID: 18338024
Rockford FEC ID number of contributing federal political committee.	IL 61103-3655	Amount of Each Receipt this Period 500.00
Name of Employer Rockford Memorial Hospital	Occupation Chief Physician Exec.	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Kathleen C Yosko		Date of Receipt
Mailing Address P O Box 795		06 10 2010
City Wheaton	State Zip Code IL 60189-0795	Transaction ID: 18338026 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Marianjoy Rehabilitation Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Mark Deaton		Date of Receipt
Mailing Address 740 North Hayes		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18338041
Oak Park	IL 60302-1706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	281.25
Name of Employer Illinois Hospital Associa-	Occupation	
tion Receipt For:	Sr. VP, General Counsel	\dashv
Primary General Other (specify)	Aggregate Year-to-Date ▼ 281.25	
Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco		Date of Receipt
Mailing Address 1151 East Warrenville	Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18338048
Naperville	IL 60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	281.25
Name of Employer Illinois Hospital Associa- tion	Occupation Director of Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.25	
Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer		Date of Receipt
Mailing Address 1755 Maple Lane		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18338072
Wheaton	IL 60187-3317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	281.25
Name of Employer Illinois Hospital Associa- tion	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.25	
SUBTOTAL of Receipts This Page (optional)		843.75

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 35 / 113 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Teresa Hursey Mailing Address 1151 East Warren		Date of Receipt
C'h.	Charles 7th Conde	06 10 2010
City Naperville	State Zip Code IL 60563-9339	Transaction ID: 18338078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	281.25
Name of Employer Illinois Hospital Associa- tion Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Finance Aggregate Year-to-Date 281.25	
Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges Mailing Address 1151 E. Warrenvil PO Box 3015	le Road	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18338094
<u>Naperville</u>	IL 60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	281.25
Name of Employer Illinois Hospital Associa- tion	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.25	
Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III		Date of Receipt
Mailing Address 4109 Southwoods	Road	0 6 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Springfield	State Zip Code IL 62707-6070	Transaction ID: 18338107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	281.25
Name of Employer Illinois Hospital Associa- tion	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.25	
SUBTOTAL of Receipts This Page (option	nal)	843.75

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 113 (check only one) X 11a
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ig the name and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
American Hospital Association PA	AC	
Full Name (Last, First, Middle Initial) Ms. Laraine Williams		Date of Receipt
Mailing Address 1151 E. Warrenville Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18338123
Naperville	IL 60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	281.25
Name of Employer Illinois Hospital Associa- tion	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.25	
Full Name (Last, First, Middle Initial) Mr. Eugene Arnone		Date of Receipt
Mailing Address 2500 Sutton Ave		M M / D D / Y Y Y Y Y Y O D O D O D O D O D O D O D
City	State Zip Code	Transaction ID: 18338861
Northfield	NJ 08225-1043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AtlantiCare	Occupation Board Member	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Joseph P Coyle		Date of Receipt
Mailing Address 46 Cypress Lane		0 6 1 1 2 0 1 0
City	State Zip Code	Transaction ID: 18338868
West Creek	NJ 08092-2839	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Southern Ocean County Hos- pital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1031.25

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 113 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Steven Coyle Mailing Address 2902 South Lake Dr City Davidsonville	State Zip Code MD 21035-1300	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 1 1 1 2 0 1 0 Transaction ID: 18338936 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	510.00
Name of Employer NASA Receipt For: Primary General Other (specify) ▼	Occupation Mission Operations Manager Aggregate Year-to-Date 510.00	
Full Name (Last, First, Middle Initial) Mr. Eugene A. Friedman Mailing Address 2211 Crest Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18338944
Baltimore	MD 21209-4227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	255.00
Name of Employer LifeBridge Health	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Mr. Frederick O. Mitchell		Date of Receipt
Mailing Address Post Office Box 36 1642 Perryman Rd.		06 11 2010
City <u>Perryma</u> n	State Zip Code MD 21130-0036	Transaction ID: 18338964
FEC ID number of contributing federal political committee.	C 21130-0036	Amount of Each Receipt this Period 85.00
Name of Employer Johns Hopkins Hospital	Occupation Trustee	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	
)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Peter W Monge Mailing Address 4220 Great Oak Road City Rockville FEC ID number of contributing federal political committee. Name of Employer Montgomery General Hospital Receipt For: Primary General Other (specify)	State Zip Code MD 20853-1855 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 255.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Ronald R Peterson Mailing Address 1403 Lytham Court City Bel Air FEC ID number of contributing federal political committee. Name of Employer Johns Hopkins Health System Receipt For: Primary General Other (specify)	State Zip Code MD 21015-5691 C Occupation President Aggregate Year-to-Date 255.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 1 1 1 2 0 1 0 Transaction ID: 18338966 Amount of Each Receipt this Period 255.00
Full Name (Last, First, Middle Initial) Ms. Joanne E Pollak, , JD Mailing Address One East Highfield R City Baltimore FEC ID number of contributing federal political committee. Name of Employer Johns Hopkins Health System Receipt For:	Occupation Vice President and General Counsel Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	510.00	1020.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Barry Ronan Mailing Address 15119 Trail Ridge Ros City Cumberland FEC ID number of contributing federal political committee. Name of Employer Western Maryland Health System Receipt For:	State Zip Code MD 21502-2554 C Occupation President & CEO	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 510.00	
Mr. Harry G Dorman, III Mailing Address 125 Mascoma Street City	State Zip Code	Date of Receipt M M
Lebanon	NH 03766-2647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alice Peck Day Memorial Hospital Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	er
Full Name (Last, First, Middle Initial) Ms. Mary Kitchell	1	Date of Receipt
Mailing Address 4114 Edgewater Drive		06 14 2010
City	State Zip Code	Transaction ID: 18341396
Ames FEC ID number of contributing federal political committee.	IA 50010-4192	Amount of Each Receipt this Period 500.00
Name of Employer Mary Greeley Medical Cent- er	Occupation Trustee	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	1	1510.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Mark J. Bittle		Date of Receipt
Mailing Address 2510 Fox Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18341857
Fallston	MD 21047-1217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	255.00
Name of Employer Johns Hopkins Health Syst-	Occupation	
em Receipt For:	Vice President, Ambulatory Services	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Mr. Brian A Gragnolati, , FACHE	<u>I</u>	Date of Receipt
Mailing Address 8600 Old Georgetown	Road	M M / D D / Y Y Y Y
City	State Zip Code	0 6 1 4 2 0 1 0 Transaction ID: 18341867
<u>Bethesda</u>	MD 20814-1422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	255.00
Name of Employer Suburban Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Mr Walter J Ramos, Esq.	L	Date of Receipt
Mailing Address 41-G Warren Ave		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18342500
Boston	MA 02116-6132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Vice President, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	760.00

TOTAL This Period (last page this line number only)

es, other than using the name an EE (In Full) Association PAC Middle Initial) ACHE e New England Executive P State MA tributing tee. C General Middle Initial)	d address of any political committee to a committee	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Association PAC Middle Initial) ACHE e New England Executive P Stat MA tributing tee. C General Middle Initial)	pation ident and Chief Executive Officer egate Year-to-Date 1000.00	Transaction ID: 18342520 Amount of Each Receipt this Period 1000.00
ACHE e New England Executive P Stat MA tributing tee. C Aggre General Middle Initial)	pation ident and Chief Executive Officer egate Year-to-Date 1000.00	Transaction ID: 18342520 Amount of Each Receipt this Period 1000.00
State MA tributing tee. C al As- General Middle Initial)	pation ident and Chief Executive Officer egate Year-to-Date 1000.00	Transaction ID: 18342520 Amount of Each Receipt this Period 1000.00
tributing tee. C All As- General Middle Initial)	pation ident and Chief Executive Officer egate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00
tributing tee. C Aggree General Middle Initial)	pation ident and Chief Executive Officer egate Year-to-Date ▼ 1000.00	1000.00
General Aggre Middle Initial)	ident and Chief Executive Officer egate Year-to-Date ▼ 1000.00	- Date of Boaries
General Middle Initial)	1000.00	Patrick Provide
, 		Date of Descript
		Date of Receipt
04 Faiss Dr.		06 16 2010
Stat NV	'	Transaction ID: 18343630
tributing tee.	09134-7432	Amount of Each Receipt this Period 350.00
l	pation Chair	
General	egate Year-to-Date ▼ 350.00	
,		Date of Receipt
		0 6 1 7 2 0 1 0
		Transaction ID: 18345027
tributing	60004-7226	Amount of Each Receipt this Period 1000.00
Trusi	tee	
General	egate Year-to-Date ▼ 1000.00	
This Page (optional)	.	2350.00
	tributing tee. C Occurrence General	State Zip Code IL 60004-7226 tributing tee. C Occupation Trustee Aggregate Year-to-Date

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 113 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements made name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial)			
Ms. M Michelle Hood Mailing Address 43 Whiting Hill Road			Date of Receipt M M M
City <u>Brewer</u>	State ME	Zip Code 04412-1005	Transaction ID: 18350336 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Eastern Maine Healthcare Systems Receipt For:		n t and Chief Executive Officer e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Peter L Slavin, , M.D. Mailing Address 55 Fruit Street	•		Date of Receipt
City	State	Zip Code	0 6 2 2 2 0 1 0 Transaction ID: 18350338
Boston	MA	02114-2622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Massachusetts General Hos- pital	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner	•		Date of Receipt
Mailing Address 160 Allen Street			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 18350339
Rutland	VT	05701-4560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Rutland Regional Medical Center	_ '	t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			1200.00
TOTAL This Period (last page this line number		·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 113 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Francis M Saba Mailing Address 14 Prospect Street City Milford FEC ID number of contributing federal political committee. Name of Employer Milford Regional Medical Center Receipt For: Primary General Other (specify)	State Zip Code MA 01757-3090 C Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M D D D 2 2 2 0 1 0 Transaction ID: 18350341 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. Peter J Holden Mailing Address 275 Sandwich Street City Plymouth FEC ID number of contributing federal political committee. Name of Employer Jordan Hospital Receipt For: Primary General Other (specify)	State Zip Code MA 02360-2183 C Occupation President and Chief Executive Office Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 2 2 2 0 1 0 Transaction ID: 18350567 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street City Melrose FEC ID number of contributing federal political committee.	State Zip Code MA 02176-3225	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Hallmark Health System Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00]
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 113 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PA	С	
Full Name (Last, First, Middle Initial) Mr. Joseph W. Crossett		Date of Receipt
Mailing Address 411 Glendale		0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18353989
<u>Liberty</u>	MO 64068-2811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Liberty Hospital	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr John R Audett, , M.D.		Date of Receipt
Mailing Address 2203 N. Van Dorn	#301	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 18354033
<u>Alexandria</u>	VA 22304-1047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Alexandria Hospital	Occupation Chief Medical Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Kevin Barr		Date of Receipt
Mailing Address 2418 Crowncrest V	Vay	0 6 2 4 2 0 1 0
City	State Zip Code	Transaction ID: 18354034
Richmond	VA 23233-2518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Bon Secours Richmond Heal- th	Occupation Executive V.P.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SURTOTAL of Possints This Poss (artiss	al)	1200.00
SOBTOTAL OF Necepts This Page (options	aı)	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 113 (check only one) X 11a	
or for comm	nercial purposes, other than using the	atements may	not be sold or used by any pers dress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.	
\	OF COMMITTEE (In Full) can Hospital Association PAC				
Ms. Mary	ne (Last, First, Middle Initial) y L. Blunt			Date of Receipt	
Mailing /	Address 801 Hidden Harbor Ct.			06 24 2010	
City		State	Zip Code	Transaction ID: 18354039	
<u>Chesa</u>	peake	VA	23322-7076	Amount of Each Receipt this Period	
	number of contributing political committee.	C		350.00	
Name of Sentara	f Employer Norfolk General	Occupation			
<u>Hospital</u> Receipt	<u> </u>	1	sident and Administrator Year-to-Date	_	
Pr	rimary General ther (specify) ▼	Aggregate	350.00		
Full Nan Mr. Jeff I	ne (Last, First, Middle Initial) Burke			Date of Receipt	
Mailing A	Address 12600 Foxstone Court			06 24 2010	
City		State	Zip Code	Transaction ID: 18354043	
<u>Midloth</u>	<u>nian</u>	VA	23113-2279	Amount of Each Receipt this Period	
	number of contributing political committee.	C		350.00	
Name of Bon Sec unity Ho	f Employer cours-Richmond Comm- spita	Occupation Chief Info	n ormation Officer		
Receipt	For:	Aggregate	Year-to-Date V		
	imary General ther (specify) ▼		350.00		
	ne (Last, First, Middle Initial) in Depaoli			Date of Receipt	
Mailing /	Address 8317 Stonewall Drive			0 6 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
City		State	Zip Code	Transaction ID: 18354046	
<u>Vienna</u>	l	VA	22180-6949	Amount of Each Receipt this Period	
	number of contributing political committee.	C		350.00	
<u>Arlingto</u>		Occupation Senior Vi	n ce President & CFO		
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 350.00		
SUBTOTA	AL of Receipts This Page (optional)			1050.00	

TOTAL This Period (last page this line number only)

A. Full Nam Mr. Willia Mailing A City Gaines FEC ID federal p Name of Prince V Receipt Pr Ot Full Nam Mr. John	nercial purposes, other than using the DF COMMITTEE (In Full) can Hospital Association PAC ne (Last, First, Middle Initial) am D. Fairchild Address 14450 Sedona Drive sville number of contributing political committee.	Statements may not be sold or used by any personal ename and address of any political committee to state. Zip Code. VA 20155-2827	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. America Full Nam Mr. Willia Mailing A City Gaines FEC ID federal p Name of Prince V Receipt Pr Ot Full Nam Mr John Mailing A	can Hospital Association PAC ne (Last, First, Middle Initial) am D. Fairchild Address 14450 Sedona Drive sville number of contributing political committee. Employer Villiam Hospital	VA 20155-2827	Transaction ID: 18354050 Amount of Each Receipt this Period
Mr. Willia Mailing A City Gaines FEC ID federal p Name of Prince V Receipt Pr Ot Full Nam Mr John Mailing A	am D. Fairchild Address 14450 Sedona Drive sville number of contributing political committee. Employer Villiam Hospital	VA 20155-2827	Transaction ID: 18354050 Amount of Each Receipt this Period
City Gaines FEC ID federal p Name of Prince V Receipt Pr Ot Full Nam Mr John Mailing A	number of contributing political committee. Employer Villiam Hospital	VA 20155-2827	Transaction ID: 18354050 Amount of Each Receipt this Period
Receipt Prince V Receipt Prince V Rull Nam Mr John Mailing A	number of contributing political committee. Employer Villiam Hospital	VA 20155-2827	Amount of Each Receipt this Period
Receipt Prince V Receipt Prince V Reliable Prince V Reliable Prince V Reliable Prince V Reliable Prince V	number of contributing political committee. Employer Villiam Hospital	C	
Receipt Pr Ot Full Nam Mr John Mailing A	<u> </u>	Occupation	
Full Nam Mr John Mailing A	For:	President	7
Mr John Mailing A	imary General her (specify) ♥	Aggregate Year-to-Date ▼ 350.00	
			Date of Receipt
City	Address 8013 River Falls Dr		06 24 2010
Datama		State Zip Code MD 20854-3849	Transaction ID: 18354054
	number of contributing political committee.	MD 20854-3849	Amount of Each Receipt this Period 350.00
Name of Inova He	f Employer ealth System	Occupation General Counsel	
	For: imary General ther (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Nam Mr. Barry	ne (Last, First, Middle Initial)		Date of Receipt
Mailing A	Address 1602 York River Drive	9	0 6 2 4 2 0 1 0
City		State Zip Code	Transaction ID: 18354058
FEC ID	ester Point number of contributing political committee.	VA 23062-2511	Amount of Each Receipt this Period 350.00
Name of Riversid	Employer e Health System	Occupation Hospital Administrator	
	For: imary General rher (specify) ▼	Aggregate Year-to-Date ▼ 350.00	1
SUBTOTA	ilici (specily) 🔻		-

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 113 (check only one) X 11a
Any information copied from sucl or for commercial purposes, other	h Reports and Statements mer than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In American Hospital Association	•		
Full Name (Last, First, Middle Mr Mark Merrill	Initial)		Date of Receipt
Mailing Address PO Box 2	2138		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18354072
Winchester	VA	22604-1338	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		350.00
Name of Employer Valley Health System	Occupat Preside	ion ent & CEO	
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Dr. Edward G Murphy, , M.D.	Initial)		Date of Receipt
Mailing Address P O Box	13367		0 6 2 4 2 0 1 0
City	State	Zip Code	Transaction ID: 18354073
Roanoke	VA	24033-3367	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		350.00
Name of Employer Carilion Medical Center	Occupat Preside	ion ent and Chief Executive Office	er
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Mr. Patrick B Nolan	e Initial)		Date of Receipt
Mailing Address 1000 She	enandoah Avenue		0 6 2 4 2 0 1 0
City	State	Zip Code	Transaction ID: 18354074
Front Royal	VA	22630-3547	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		350.00
Name of Employer Warren Memorial Hospital	Occupat Preside	ion ent and Chief Executive Office	er
Receipt For:		te Year-to-Date ▼	
Primary General Other (specify) ▼	ral	350.00	
SUBTOTAL of Receipts This P	age (ontional)		1050.00
TOTAL This Period (last page t		.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and soft for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Dr. Reuven Pasternak, , M.D., MB		Date of Receipt
	Mailing Address 3300 Gallows Road	State Zip Code	06 24 2010
	City Falls Church	State Zip Code VA 22042-3307	Transaction ID: 18354077 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Inova Fairfax Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Mr. Bertram Reese		Date of Receipt
	Mailing Address 1513 Quail Point Roa	d	06 24 2010
	City	State Zip Code	Transaction ID: 18354082
	Virginia Beach	VA 23454-3115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Sentara Healthcare	Occupation VP & Chief Information Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Ms. Linda Sallee		Date of Receipt
	Mailing Address 900 Stuart Avenue		06 24 2010
	City	State Zip Code	Transaction ID: 18354083
	Arlington	VA 22203-4101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Inova Health System	Occupation Assistant Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
\lceil	SUBTOTAL of Receipts This Page (optional) .	1	900.00

SCHEDUL ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 113 (check only one) X
or for commercia	copied from such Reports and St Il purposes, other than using the DMMITTEE (In Full) Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ms. Barbara S Mailing Addre City Harrisonbu	ess 235 Cantrell Avenue	State VA	Zip Code 22801-3248	Date of Receipt M M
Name of Emp Rockingham tal Receipt For:	al committee. ployer Memorial Hospi-	Occupation Trustee Aggregate	n e Year-to-Date ▼ 850.00	350.00
Mr. Douglas M	ast, First, Middle Initial) I. Thompson ess 6015 Poplar Hall Drive			Date of Receipt 0 6 2 4 2 0 1 0
City		State	Zip Code	Transaction ID: 18354263
Norfolk FEC ID numb federal politica	per of contributing al committee.	C	23502-3819	Amount of Each Receipt this Period 350.00
Name of Emp Sentara Heal	oloyer thcare	Occupation Vice Pre-		
Receipt For: Primary Other (s	General	-	e Year-to-Date ▼ 350.00	
Full Name (La Mr. Andrew P.	ast, First, Middle Initial) Weddle			Date of Receipt
Mailing Addre	ess 2708 Sandy Valley Roa	ad		0 6 2 4 2 0 1 0
City		State	Zip Code	Transaction ID: 18354281
Virginia Beau FEC ID number federal political	per of contributing	C	23452-7751	Amount of Each Receipt this Period 350.00
Name of Emp Sentara Bays	oloyer ide Hospital	Occupation Vice Pre-	n sident, Revenue Cycle	
Receipt For: Primary Other (s	General General	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of	Receipts This Page (optional)			1050.00

				_
•	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 113 (check only one)
	TEMIZED RECEIPTS		for each category of the	
-			Detailed Summary Page	
Г				13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Nancy H Agee			Date of Receipt
	Mailing Address 802 Cherrywood Road			0 6 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 18354292
	Salem	VA	24153-2755	Amount of Each Receipt this Period
				- Amount of Eden Hoodipt this Fortid
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Carilion Clinic	Occupation	n erating Officer	7
	Receipt For:			\dashv
	Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	350.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
- 3.	Full Name (Last, First, Middle Initial) Mr. Jonathan Applebaum			Date of Receipt
	Mailing Address 393 Stonebrook Drive			M M / D D / Y Y Y Y
				06 24 2010
	City	State	Zip Code	Transaction ID: 18354294
	Galax	VA	24333-6236	Amount of Each Receipt this Period
	FEC ID number of contributing			350.00
	federal political committee.	C		330.00
	Name of Employer Twin County Regional Hosp-	Occupatio		
	ital	Presiden		_
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General		350.00	
	Other (specify)			
_	Full Name (Last, First, Middle Initial)			Date of Bookint
Э.	Ms. Toni R Ardabell, , R.N. Mailing Address 5801 Bremo Road			Date of Receipt
	Mainig / Ida icos Soot Bretto Hoad			06 24 2010
	City	State	Zip Code	Transaction ID: 18354295
	Richmond	VA	23226-1907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Bon Secours Sf. Mary's Ho- spital	Occupation Chief Ex	n ecutive Officer	1
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	55. 55an		1
	Other (specify) ▼		350.00	
_				
Γ				
	SUBTOTAL of Receipts This Page (optional))	900.00
⊢			<u> </u>	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 113 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr Robert Broermann			Date of Receipt
Mailing Address 6015 Poplar Hall Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18354299
Norfolk	VA	23502-3819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Sentara Healthcare	Occupation Vi	n ice President & CFO	
Receipt For:		e Year-to-Date	\dashv
Primary General	Aggregate		1
Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial) Mr. Paul Chidester			Date of Receipt
Mailing Address 1408 Five Hill Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18354300
Virginia Beach	VA	23452-4704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Chesapeake Regional Medic- al Center	Occupation Chief Me	n edical Officer	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) James Dunn			Date of Receipt
Mailing Address 2406 Worchester Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18354305
Midlothian	VA	23113-6058	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Bon Secours-Richmond Comm-	Occupation	n ational Director	
unity Hospita Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	gg. oguto	350.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Teresa Edwards Mailing Address 100 Sentara Circle City	State Zip Code	Date of Receipt M M
Williamsburg	VA 23188-1539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Williamsburg Regional Medical Receipt For: Primary General Other (specify)	Occupation COO Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Mr. John L Fitzgerald Mailing Address 3600 Joseph Siewic	k Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18354307
Fairfax	VA 22033-1798	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Fair Oaks Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Debra A Flores		Date of Receipt
Mailing Address 3000 Coliseum Driv	9	0 6 2 4 Y Y Y Y Y
City	State Zip Code	Transaction ID: 18354309
<u>Hampton</u>	VA 23666-5963	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara CarePlex Hospital	Occupation Vice President and Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	1	1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAGE	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael V Gentry Mailing Address 1328 Murray Drive City Chesapeake	State Zip Code VA 23322-1834	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 2 4 2 0 1 0 Transaction ID: 18354535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Corporate Vice President Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Mr. Floyd Heater Mailing Address 759 South Main Str	eet	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18354582
Woodstock	VA 22664-1127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Shenandoah Memorial Hospi- tal	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Timothy Jennings		Date of Receipt
Mailing Address 4715 White Owl Cr	escenty	06 24 2010
City	State Zip Code	Transaction ID: 18354591
Chespeake FEC ID number of contributing federal political committee.	VA 23321	Amount of Each Receipt this Period 350.00
Name of Employer Sentara Norfolk General Hospital	Occupation Vice President Pharmacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	l)	1050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 113 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ms. Valerie Keane Mailing Address 300 Princess Anne Stre	eet	Date of Receipt 0 6 2 4 2 0 1 0
	City	State Zip Code	Transaction ID: 18354593
	Fredericksburg FEC ID number of contributing federal political committee.	VA 22401-6041	Amount of Each Receipt this Period 350.00
	Name of Employer Potomac Hospital Receipt For:	Occupation Vice President Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
	Full Name (Last, First, Middle Initial) Mr. Randall L Kelley Mailing Address P O Box 6000		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18354594
	Leesburg FEC ID number of contributing federal political committee.	VA 20177-0600	Amount of Each Receipt this Period 350.00
	Name of Employer Inova Loudoun Hospital	Occupation Chief Executive Officer	7
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Mr. Kenneth M. Krakaur		Date of Receipt
	Mailing Address 108 Burwell Court		06 24 2010
	City Williamsburg	State Zip Code VA 23185-6507	Transaction ID: 18354602 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	200.00
	Name of Employer Sentara Healthcare	Occupation Sr. Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		900.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 113 (check only one) X
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Mr. Rob Lockridge Mailing Address 14304 Horseshoe Ford	I Rd		Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ashland	State VA	Zip Code 23005-3163	Transaction ID: 18354605 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20000 0100	350.00
	Name of Employer University of Virginia Medical Center Receipt For: ☐ Primary ☐ General Other (specify) ▼	. '	Government Relations Year-to-Date 350.00	
3.	Full Name (Last, First, Middle Initial) Ms. Rebecca Maples Mailing Address 205 White Dogwood D	r		Date of Receipt 0 6 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 18354619
	Chesapeake FEC ID number of contributing federal political committee.	C	23322-4166	Amount of Each Receipt this Period 350.00
	Name of Employer Bon Secours Hampton Roads	Occupation Vice Pres	n sident Surgical Services	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Ms Darleen Mastin			Date of Receipt
	Mailing Address 4748 Totteridge Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Virgina Beach	State VA	Zip Code 23462	Transaction ID: 18354620
	FEC ID number of contributing federal political committee.	C	23402	Amount of Each Receipt this Period 350.00
	Name of Employer Centra Health	Occupation Sr. Vice I	n President/COO	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	\	1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Ms. Sandra J. Miller Mailing Address 379 Dorwin Drive City	State	Zip Code	Date of Receipt 0 6 2 4 2 0 1 0
	Norfolk FEC ID number of contributing	VA	23502-5707	Transaction ID: 18354621 Amount of Each Receipt this Period 350.00
	Receipt For: Primary Other (specify) General	Occupation Director,	n Gov't Relations and Advoca e Year-to-Date ▼ 350.00	су
_	Full Name (Last, First, Middle Initial) Mr. Joseph M Oddis Mailing Address 893 Mallard Circle			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18354650
	Arnold FEC ID number of contributing federal political committee.	MD C	21012-1508	Amount of Each Receipt this Period 350.00
	Name of Employer Bon Secours Hampton Roads	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Ms. Megan R Perry Mailing Address 3000 Coliseum Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Hampton	State VA	Zip Code 23666-5963	Transaction ID: 18354652
	FEC ID number of contributing federal political committee.	C	23000-3903	Amount of Each Receipt this Period 350.00
	Name of Employer Sentara CarePlex Hospital	Occupation Vice Pres	n sident and Administrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			1050.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 113 (check only one) X 11a
or for co	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Maili	Name (Last, First, Middle Initial) Theodore Price ing Address 6709 River Road	State	Zip Code	Date of Receipt 0 6 2 4 2 0 1 0
City	hmond	VA	23229-8529	Transaction ID: 18354653
FEC	ID number of contributing ral political committee.	C	23229-0329	Amount of Each Receipt this Period 350.00
<u>atior</u>	ne of Employer Itering Arms Rehabilit- n Hospita eipt For: Primary General Other (specify)	Occupatio Board Mo Aggregate]
Dr. J	Name (Last, First, Middle Initial) lames Sammons, Jr. ing Address 104 Pebble Beach			Date of Receipt 0 6 2 4 2 0 1 0
City		State	Zip Code	Transaction ID: 18354665
•	liamsburg	VA	23188-8904	Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		350.00
<u>onal</u>	ne of Employer tara Williamsburg Regi- Medical		sident Medical Affairs	
Hec	eipt For:	Aggregate	e Year-to-Date ▼ 350.00]
	Name (Last, First, Middle Initial) Bonnie Shelor			Date of Receipt
Maili	ing Address 3103 Bretton Ct			0 6 2 4 2 0 1 0
City		State	Zip Code	Transaction ID: 18354676
<u>Gle</u>	n Allen	VA	23060-2639	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		350.00
<u>unity</u>	ne of Employer Secours-Richmond Comm- y Hospita	_	ice President of Human Rela	atio
Rec	eipt For: Primary	Aggregate	e Year-to-Date ▼ 350.00	
CUPT	JOTAL of Receipts This Page (optional)			1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 113 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial)			
Mr. Kevin Sheppard			Date of Receipt
Mailing Address 4712 Greenbrooke Driv			06 24 2010
City Glen Allen	State VA	Zip Code 23060-6177	Transaction ID: 18354677 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Bon Secours St. Francis Medical Center	Occupation Vice Pres	n sident, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Jennifer W. Siciliano			Date of Receipt
Mailing Address 8110 Gatehouse Road Suite 200 East Tower			06 24 2010
City Falls Church	State VA	Zip Code 22042-1210	Transaction ID: 18354678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Inova Health System	Occupation Asst VP (Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Judie S. Snipes			Date of Receipt
Mailing Address 77 Gloucester Court			0 6 2 4 2 0 1 0
City	State	Zip Code	Transaction ID: 18354679
Troutville FEC ID number of contributing federal political committee.	C	24175-6625	Amount of Each Receipt this Period 350.00
Name of Employer Carilion Clinic	Occupation Senior Vi	ce President	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			1050.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 113 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Phyllis Stoneburner Mailing Address 4544 Miarfield Circle City Chesapeake FEC ID number of contributing federal political committee. Name of Employer Sentara Obici Hospital Receipt For:	State Zip Code VA 23321-4262 C Occupation Vice President, Patient Care Services Aggregate Year-to-Date ▼	Date of Receipt 0 6 2 4 2 0 1 0 Transaction ID: 18354697 Amount of Each Receipt this Period 350.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Mark Szalwinski Mailing Address 104 Watch Harbour C	350.00 ircle	Date of Receipt
City	State Zip Code	0 6 2 4 2 0 1 0 Transaction ID: 18354698
Smithfield	VA 23430-2326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Healthcare	Occupation Director of Pharmacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Cynda Tipple		Date of Receipt
Mailing Address 973 N. Potomac Stree	t	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18354699
Arlington	VA 22205-1649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Prince William Hospital	Occupation Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	1	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) . Ms. Katharine M. Webb		Date of Receipt
Mailing Address 14 Bridgeway Road		06 24 7 2010
City Richmond	State Zip Code VA 23226-3302	Transaction ID: 18354705
FEC ID number of contributing federal political committee.	C 23220-3302	Amount of Each Receipt this Period 350.00
Name of Employer Virginia Hospital & Healt- hcare Associa Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Gary R Yates Mailing Address 1065 Downshire Chas		Date of Receipt
Mailing Address 1065 DOWNSTIITE CHas	e	06 24 2010
City	State Zip Code	Transaction ID: 18354710
Virginia Beach	VA 23452-6155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Healthcare	Occupation Chief Medical Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Patricia A. Warner, MPH		Date of Receipt
Mailing Address 1500 East Medical Ce	nter Drive	06 25 7 2010
City	State Zip Code	Transaction ID: 18354770
Ann Arbor	MI 48109-5000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer University of Michigan Ho- spitals and H	Occupation Assoc. Director and Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
SURTOTAL of Receipts This Page (optional)		1050.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	1050.0

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Domingo Cruz		Date of Receipt
Mailing Address 250 San Jorge Stree		06 25 2010
City San Juan	State Zip Code PR 00912-3331	Transaction ID: 18354881 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer San Jorge Children's Hosp- ital	Occupation Senior Vice President, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Enrique A Vicens		Date of Receipt
Mailing Address PO Box 8797		06 25 7 2010
City	State Zip Code	Transaction ID: 18354903
Ponce FEC ID number of contributing federal political committee.	PR 00732-8797	Amount of Each Receipt this Period 350.00
Name of Employer Hospital De Damas	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas P Rasmusson		Date of Receipt
Mailing Address 525 North Foster		0 6 2 5 2 0 1 0
City Mitchell	State Zip Code SD 57301-2966	Transaction ID: 18354937 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 37301-2900	250.00
Name of Employer Avera Queen of Peace	Occupation Regional President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. John T Porter Mailing Address 3900 West Avera [Date of Receipt
City Sioux Falls FEC ID number of contributing	State SD	Zip Code 57108-5721	Transaction ID: 18354938 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) General	Occupation President	and Chief Executive Officer Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Daniel Gran Mailing Address P O Box 370			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Freeman FEC ID number of contributing federal political committee.	State SD	Zip Code 57029-0370	Transaction ID: 18354949 Amount of Each Receipt this Period 250.00
Name of Employer Freeman Regional Health Services Receipt For: Primary General Other (specify)		ecutive Officer Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Jason Carlson Mailing Address 30 South Behl Stre	eet		Date of Receipt
City Appleton FEC ID number of contributing federal political committee.	State MN	Zip Code 56208-1616	0 6 2 5 2 0 1 0
Name of Employer Appleton Area Health Services Receipt For: ☐ Primary ☐ General Other (specify) ▼		ecutive Officer Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		575.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	gory of the
\	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or us name and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Ms. Christine M Harff Mailing Address 120 LaBree Avenue So	uth	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18355245
	Thief River Falls	MN 56701-2819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer MeritCare Thief River Fal- Is Northwest Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date	250.00
_ 3.	Full Name (Last, First, Middle Initial) Mr. David C. Gessel, J.D. Mailing Address 2100 C. 1000 Foot		Date of Receipt
	Mailing Address 2180 S. 1300 East #440		06 21 2010
	City	State Zip Code	Transaction ID: 18358856
	SLC	UT 84106-2813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	350.00
	Name of Employer UHA, Utah Hospitals & Hea- Ith Systems A	Occupation Vice President, Government	ment Relations
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	350.00
_	Full Name (Last, First, Middle Initial) Mr. Larry D. Hancock		Date of Receipt
	Mailing Address 10183 South Loridan L	ane	0 6 2 1 2 0 1 0
	City	State Zip Code	Transaction ID: 18358858
	Sandy	UT 84092-4494	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	350.00
	Name of Employer Intermountain Healthcare, Inc.	Occupation CEO, Urban Central Re	gion
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	350.00
	SUBTOTAL of Receipts This Page (optional)		950.00

or for commercia NAME OF CO American H Full Name (La Mr. William M Mailing Addre City Lenexa FEC ID numb federal politica Name of Emp Sisters of Cha venworth Hea Receipt For: Primary Other (s Full Name (La Mr. Larry A. So Mailing Addre City Minneapolis	Il purposes, other than using the recommendation of the recommend	atements may not be sold or used by any personame and address of any political committee to the sold or used by any personame and address of any political committee to the sold of the so	Date of Receipt Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (La Mr. William M Mailing Addre City Lenexa FEC ID numb federal politica Name of Emp Sisters of Chavenworth Hea Receipt For: Primary Other (s Full Name (La Mr. Larry A. Sc Mailing Addre) City Minneapolis FEC ID numb federal politica Name of Emp Catholic Healtes	Hospital Association PAC ast, First, Middle Initial) Murray per of contributing al committee. ployer arity of Lea- al General specify) ast, First, Middle Initial)	State Zip Code KS 66219-9745 C Occupation President Aggregate Year-to-Date 1000.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. William M Mailing Addre City Lenexa FEC ID numb federal politica Name of Emp Sisters of Chr venworth Hea Receipt For: Primary Other (s Full Name (La Mr. Larry A. Sc Mailing Addre City Minneapolis FEC ID numb federal politica Name of Emp Catholic Heali es	Murray per of contributing al committee. ployer arity of Lea- al General specify) ast, First, Middle Initial)	State Zip Code KS 66219-9745 C Occupation President Aggregate Year-to-Date 1000.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lenexa FEC ID numb federal politica Name of Emp Sisters of Chavenworth Hea Receipt For: Primary Other (s Full Name (La Mr. Larry A. So Mailing Addre) City Minneapolis FEC ID numb federal politica Name of Emp Catholic Healings	per of contributing all committee. ployer arity of Lea-all General specify) ast, First, Middle Initial)	State Zip Code KS 66219-9745 C Occupation President Aggregate Year-to-Date 1000.00	Transaction ID: 18359192 Amount of Each Receipt this Period
Lenexa FEC ID numb federal politica Name of Emp Sisters of Chavenworth Hea Receipt For: Primary Other (s Full Name (Laman Addrest) Full Name (Laman Addrest) City Minneapolis FEC ID numb federal politica Name of Emp Catholic Healtes	al committee. Sloyer arity of Lea- al General specify) ast, First, Middle Initial)	C Occupation President Aggregate Year-to-Date 1000.00	Amount of Each Receipt this Period
FEC ID numb federal political Name of Emp Sisters of Chavenworth Heat Receipt For: Primary Other (some standard of Emp Mailing Address) Full Name (Lamber of Emp Mailing Address) City Minneapolist FEC ID numb federal political Name of Emp Catholic Heat es	al committee. Sloyer arity of Lea- al General specify) ast, First, Middle Initial)	Occupation President Aggregate Year-to-Date 1000.00	
venworth Hea Receipt For: Primary Other (s Full Name (La Mr. Larry A. So Mailing Addre City Minneapolis FEC ID numb federal politica Name of Emp Catholic Heali es	General specify) ▼ ast, First, Middle Initial)	President Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary Other (s Full Name (La Mr. Larry A. Sc Mailing Addre City Minneapolis FEC ID numb federal politica Name of Emp Catholic Heali es	General specify) ▼ ast, First, Middle Initial)	1000.00	
Mr. Larry A. So Mailing Addre City Minneapolis FEC ID numb federal politica Name of Emp Catholic Heali			
City Minneapolis FEC ID numb federal politica Name of Emp Catholic Healtes	JIIUIZ		Date of Receipt
Minneapolis FEC ID numb federal politica Name of Emp Catholic Heali	rss 7650 Edwinborough Wa Suite 200	06 25 7 2010	
FEC ID numb federal political Name of Emp Catholic Health	_	State Zip Code MN 55435-5978	Transaction ID: 18359947
Catholic Heal <u>es</u>	per of contributing	MN 55435-5978	Amount of Each Receipt this Period 250.00
	oloyer th Initiativ-	Occupation Sr. Vice President, Operations	
Primary	General	Aggregate Year-to-Date ▼ 250.00	
Full Name (La Mr. Robert W.	ast, First, Middle Initial)		Date of Receipt
	ess 4 Broadview Farm Road	d	0 6 3 0 2 0 1 0
City		State Zip Code	Transaction ID: 18362243
Saint Louis		MO 63141-8501	Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing all committee.	C	250.00
Name of Emp BJC HealthCa	oloyer are	Occupation Group President	
Receipt For: Primary Other (s	General	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of	L		1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Carmela S. Coyle			Date of Receipt
	Mailing Address 6820 Deerpath Road	Charles	7:- Ondo	06 30 2010
	City Elkridge	State MD	Zip Code 21075-6200	Transaction ID: 18362326 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.0.0 0.00	510.00
	Name of Employer Maryland Hospital Associa- tion	Occupation President ar	nd CEO	
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 510.00	
	Full Name (Last, First, Middle Initial) Mr. John T Porter			Date of Receipt
	Mailing Address 3900 West Avera Drive, Ste 301			M M / D D / Y Y Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: 18362444
	Sioux Falls	SD	57108-5721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		175.00
	Name of Employer Avera Health	Occupation President ar	nd Chief Executive Office	er
	Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	
	Other (specify)		425.00	
	Full Name (Last, First, Middle Initial) Mr Ricky D Wallace			Date of Receipt
	Mailing Address 801 West Maple Stree	et		06 30 7 2010
	City	State	Zip Code	Transaction ID: 18362489
	Farmington	NM	87401-5630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer San Juan Regional Medical Center	Occupation Chief Execu		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		935.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(separate schedule(separate schedule) for each category of the Detailed Summary Page	(Crieck only one)
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Robert A Garcia		Date of Receipt
	Mailing Address P O Box 26666		06 30 7 2010
	City	State Zip Code	Transaction ID: 18362491
	Albuquerque	NM 87125-6666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer Presbyterian Healthcare Services	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	375.00	
. —	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan		Date of Receipt
	Mailing Address 506A East Howell Av	06 30 7 2010	
	City	State Zip Code	Transaction ID: PR1034595123898
	Alexandria	VA 22301-1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW .	06 30 7 2010
	City	State Zip Code	Transaction ID: PR1045726223898
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President & General	Counse
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$40.00 Bi- Weekly)
			495.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 113 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) David Schulke		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		06 30 2010
	City	State Zip Code DC 20004-2801	Transaction ID: PR1057462123898
	Washington FEC ID number of contributing federal political committee.	DC 20004-2801	Amount of Each Receipt this Period 117.64
	Name of Employer American Hospital Associa- tion-Washingt	Occupation VP Research Programs	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 235.28	P/R Deduction (\$58.82 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield		Date of Receipt
	Mailing Address One North Franklin Str Suite 32139		06 / 30 / 2010
	City	State Zip Code	Transaction ID: PR1302378923898
	Chicago FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347703423898
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	237.64

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 113 (check only one) X
\ C	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay			Date of Receipt
	Mailing Address One North Franklin	Ctoto	7in Code	06 30 2010
	City <u>Chicago</u>	State IL	Zip Code 60606-3436	Transaction ID: PR1347703623898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident & CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. John Slotman			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		06 / 30 / 2010
	City	State DC	Zip Code	Transaction ID: PR1384065323898
	Washington FEC ID number of contributing federal political committee.	C	20004-2802	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt		e Director, Federal Relations	3
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Mark Colucci			Date of Receipt
	Mailing Address 1061 N Penny Ln			06 30 7 2010
	City	State	Zip Code	Transaction ID: PR1475133723898
	Palatine FEC ID number of contributing federal political committee.	C	60067-1821	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation National	n Director Sponsorship and U	nde
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 113 (check only one) X 11a
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ \ .	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt
	Mailing Address One North Franklin		06 30 7 2010
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1492459923898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Executive Director - ASHHF	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		06 30 / Y Y Y Y Y
	City Washington	State Zip Code DC 20004-2801	Transaction ID: PR1671258623898
	FEC ID number of contributing federal political committee.	DC 20004-2801	Amount of Each Receipt this Period 90.90
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director, Policy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 409.05	P/R Deduction (\$45.45 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr Robert P David		Date of Receipt
	Mailing Address One North Franklin		0 6 3 0 Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1677512423898
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 90.90
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 409.05	P/R Deduction (\$45.45 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		221.80

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 113 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		06 30 7 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327629123898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20004-2010	80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Vice President, Public Policy Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
	Mailing Address 11004 Petersborough	06 30 Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR327745923898
	Rockville	MD 20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue	Date of Receipt	
	Mailing Address 122 N. Greenwood Avo	enue	06 30 7 2010
	City	State Zip Code	Transaction ID: PR327771623898
	Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 113 (check only one) X 11a
	ny information copied from such Reports and Si r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	olicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
٦.	Mailing Address 1022 S. Harvey Avenue	9	0 6 3 0 2 0 1 0
	City <u>Oak</u> Park	State Zip Code IL 60304-2132	Transaction ID: PR327777823898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)	Occupation Vice President, Member Relations Aggregate Year-to-Date 480.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele Mailing Address 1003 Kimberly Place		Date of Receipt 0 6 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: PR327801723898
	Great Falls FEC ID number of contributing federal political committee.	VA 22066-1546	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Occupation Executive Vice President Aggregate Year-to-Date 240.00	P/R Deduction (\$20.00 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN Mailing Address 325 Seventh Street, NV	Α.	Date of Receipt
	Suite 700		06 30 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327812023898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer, AONE & Sr. V Aggregate Year-to-Date 480.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis		Date of Receipt
	Mailing Address 6034 North 22nd Stree		06 30 2010
	City Arlington	State Zip Code VA 22205-3408	Transaction ID: PR327831723898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
_ s.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan		Date of Receipt
	Mailing Address One North Franklin St	0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR327846223898
	Chicago FEC ID number of contributing	IL 60606	Amount of Each Receipt this Period
	federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Meetings & Travel Ser	v
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	240.00	P/R Deduction (\$14.00 Bi- Weekly)
. —	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	Date of Receipt	
	Mailing Address 2401 Calvert Street, N Apt. 1008	W	06 30 YYYY 2010
	City	State Zip Code	Transaction ID: PR327851923898
	Washington FEC ID number of contributing federal political committee.	DC 20008-2614	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy Development	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	NUDTOTAL of Descripts This Days (settings)		120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A C	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W	06 30 7 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327858023898
	FEC ID number of contributing federal political committee.	C 20004-2616	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Vice President, Political Affairs	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
	Mailing Address One North Franklin		0 6 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: PR327877823898
	Millis	MA 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom		Date of Receipt
	Mailing Address 130 North Garland Co #3002	urt	06 30 2010
	City	State Zip Code	Transaction ID: PR327895723898
	Chicago	IL 60602-4750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 415.00	P/R Deduction (\$45.00 Bi- Weekly)
	CURTOTAL of Descints This Dags (antional)		250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 113 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	not be sold or used by any persolress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,	
Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		0 6 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004-2818	Transaction ID: PR328132823898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation President	n and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
Mailing Address 204 7th Ave			06 30 7 2010
City	State	Zip Code	Transaction ID: PR328136923898
<u>La Grange</u>	<u> L</u>	60525-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice F	n President, Member Relations	3
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
Mailing Address 5545 North Wayne			0 6 3 0 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR328223823898
Chicago	IL	60640-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	sident	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	·		240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate scho for each category Detailed Summary	of the
\ C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used lame and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
/	American Hospital Association PAC		
١.	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell Mailing Address 1093 N. Faldo Way		Date of Receipt
	City	State Zip Code	0 6 3 0 2 0 1 0 Transaction ID: PR328241423898
	Eagle	ID 83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
	Mailing Address 3475 North Venice Stre	0 6 / 0 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR328260923898
	Arlington	VA 22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		0 6 3 0 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328341823898
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Political Action &	Grassroot
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	90.00 P/R Deduction (\$40.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		200.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and add	rnot be sold or used by any pers dress of any political committee to	os solicit contributions from such committee.
\angle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511823898
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	Executive	
	tion-Chicago Receipt For:	, '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell	ļ.		Date of Receipt
•	Mailing Address 1501 N. Harrison Stree	0 6 3 0 2 0 1 0		
	City	State	Zip Code	Transaction ID: PR328512023898
	Arlington	VA	22205-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vi	n ce President, Communicati	ons
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. George Arges			Date of Receipt
•	Mailing Address One North Franklin St.			0 6 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR328641123898
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Di	n rector, Health Data Manage	emen
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D - 1 - 1' (\$22 72 D)
	Other (specify)		240.00	P/R Deduction (\$22.73 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	l .		160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may no e name and addres	ot be sold or used by any persons of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke			Date of Receipt
	Mailing Address One North Franklin Av	/e.		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State IL	Zip Code 60606	Transaction ID: PR328913323898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼	-, '	CEO, AHA Solutions, Inc ear-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address One North Franklin St	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR329013423898
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation SPSA Direct	etor	
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329071323898
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	- ' '	Chief Operating Officer, (ear-to-Date ▼	
	Primary General Other (specify) ▼	, iggregate re	480.00	P/R Deduction (\$40.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		200.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Robyn Cooke		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		06 30 7 2010
City	State Zip Code	Transaction ID: PR329084423898
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese	1	Date of Receipt
Mailing Address 500 Interstate Bouleva	ard South	0 6 3 0 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR329215723898
Nashville	TN 37210-4634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Patricia Meersman	L	Date of Receipt
Mailing Address One North Franklin		06 30 2010
City	State Zip Code	Transaction ID: PR330343323898
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director Member Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .	1	160.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 113 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may no e name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<u>/_</u>	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt			Date of Receipt
	Mailing Address One North Franklin			06 30 2010
	City Chicago	State IL	Zip Code 60606-3436	Transaction ID: PR330411623898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	, '	legional Executive	
	Primary General Other (specify) ▼	/ tggrogate re	240.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	1		Date of Receipt
	Mailing Address 4960 138th Cricle We	st		06 30 7 9 9 9
	City	State	Zip Code	Transaction ID: PR330475423898
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Ex	cecutive	
	Receipt For:	Aggregate Ye	ear-to-Date V	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard	1		Date of Receipt
	Mailing Address 6109 North 9th Road			06 30 7 2010
	City	State	Zip Code	Transaction ID: PR330534323898
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	, '	ociate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)	1		160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 113 (check only one) X
0	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
٠.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt
	Mailing Address One North Franklin		06 30 7 2010
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR330547723898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Strategic Planning	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		0 6 3 0 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR330549223898
	Lake Forest FEC ID number of contributing federal political committee.	IL 60045-1715	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Constituency Section	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Anthony Spohn		Date of Receipt
	Mailing Address 3219 N. Oriole		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR331098323898
	Chicago FEC ID number of contributing federal political committee.	IL 60634-3232	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, Associate Member	rsh
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		160.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 81 / 113
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
II EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persor	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	Tiarric and add	diess of any political committee to	Solicit Contributions from Such Committee.
American Hospital Association PAC			
American Hospital Association FAC			
Full Name (Last, First, Middle Initial)			
Ms. Darlene S. Vanderbush			Date of Receipt
Mailing Address 26 West Glendale Ave			06 30 2010
City	State	Zip Code	Transaction ID: PR331304223898
Alexandria	VA	22301-2402	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	С		106.66
Name of Employer	Occupatio	n	_
Name of Employer American Hospital Associa- tion-Washingt		 Advocacy and Public Policy () Do
Receipt For:		e Year-to-Date ▼	<u>-</u>
Primary General	39.19		P/R Deduction (\$53.33 Bi-
Other (specify) ▼		306.66	Weekly)
Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.			Date of Receipt
Mailing Address 6225 US Hwy 290 E			M M / D D / Y Y Y Y
			06 30 2010
City	State	Zip Code	Transaction ID: PR331416023898
Austin	TX	78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing	С		120.00
federal political committee.			
Name of Employer American Hospital Associa-	Occupatio	n	
tion-Chicago	AHA Reg	gional Executive for TX	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	720.00	P/R Deduction (\$60.00 Bi-
Other (specify)		1 1 1 1 1 1 1 1	Weekly)
Full Name (Last, First, Middle Initial)			
Mr. Donald May			Date of Receipt
Mailing Address 521 Great Falls St.			0 6 3 0 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR331533223898
Falls Church	VA	22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		80.00
Name of Employer	Occupatio	n	-
American Hospital Associa- tion-Washingt		sident, Policy	
Receipt For:	r '	e Year-to-Date ▼	
Primary General	33 -3 -11		P/R Deduction (\$40.00 Bi-
Other (specify) ▼		480.00	Weekly)
			306.66
SUBTOTAL of Receipts This Page (optional)		·····	

TOTAL This Period (last page this line number only)

	E A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 113 (check only one)
ITEMIZED I	RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information c or for commercial	opied from such Reports and Spurposes, other than using the	Statements may e name and add	/ not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	OMMITTEE (In Full) Ospital Association PAC			
Full Name (La Ms. Elizabeth S	st, First, Middle Initial)			Date of Receipt
	ss One North Franklin			0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR346168123898
Chicago		IL	60606-3436	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing al committee.	C		80.00
Name of Empl American Hos tion-Chicago	loyer spital Associa-	Occupation Vice Pres	n sident, PMG	
Receipt For:			e Year-to-Date ▼	7
Primary Other (s	General pecify) ▼		480.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (La Ms. Kristin Wel	st, First, Middle Initial) Ish			Date of Receipt
Mailing Addres	ss 325 Seventh Street, N Suite 700			06 30 YYYYY
City		State	Zip Code	Transaction ID: PR517619723898
<u>Washington</u>	1	DC	20004-2818	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		80.00
Name of Empl American Hos tion-Washingt	loyer spital Associa-	Occupation Vice Pres	n sident Executive Branch Rela	ıti
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (s	☐ General pecify) ▼		480.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (La Ms. Megan Cui	st, First, Middle Initial) ndari			Date of Receipt
Mailing Addres	ss 325 Seventh Street, N Suite 700	IW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR518031923898
<u>Washington</u>	1	DC	20004-2818	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		60.00
Name of Empl American Hos tion-Washingt	spītal Associa-	Occupation Senior As	n ssociate Director	
Receipt For:	Canaval	Aggregate	Year-to-Date ▼	
Primary Other (s	☐ General pecify) ▼		360.00	P/R Deduction (\$21.74 Bi- Weekly)
SURTOTAL of E	Receipts This Page (optional) .			220.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Carlos Jackson	,	Date of Receipt
Mailing Address 325 Seventh Street,		06 30 7 2010
City <u>Washington</u>	State Zip Code DC 20004-2802	Transaction ID: PR566280923898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General	Occupation Associate Director, Federal Relations Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-
Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson	E-10.00	Weekly) Date of Receipt
Mailing Address 606 S. Royal St.		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR766023723898
Alexandria FEC ID number of contributing federal political committee.	VA 22314-4142	Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	06 30 4 2010
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR876637223898
FEC ID number of contributing federal political committee.	C 20004-2016	Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Legislative Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line numb	Page antid	75364.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 113 (check only one) 11a 11b 11c X 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC Full Name (Last, First, Middle Initial)		
New York Hospital & Healthcare Assoc. FED PAG Mailing Address One Empire Drive		Date of Receipt
City	State Zip Code	0 6 0 8 2 0 1 0 Transaction ID: 18333768
Rensselaer FEC ID number of contributing federal political committee.	NY 12144 C C00160259	Amount of Each Receipt this Period 20000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 138500.00	
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800		Date of Receipt 0 6 1 1 1 2 0 1 0
City	State Zip Code	Transaction ID: 18338928
Sacramento	CA 95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00237495	10000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 90000.00	
Full Name (Last, First, Middle Initial) OhioHealth Star PAC		Date of Receipt
Mailing Address 1087 Dennison Avenue	9	0 6 1 7 2 0 1 0
City	State Zip Code	Transaction ID: 18346736
Columbus FEC ID number of contributing federal political committee.	OH 43201 C C00210617	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	1	31000.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 113 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information for for comm	ation copied from such Reports and St nercial purposes, other than using the	tatements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	OF COMMITTEE (In Full) can Hospital Association PAC			
A. Texas H	ne (Last, First, Middle Initial) pospital Association HOSPAC - Federal			Date of Receipt
	Address P.O. Box 15587			06 21 2010
City Austin		State TX	Zip Code 78761-5587	Transaction ID: 18347096 Amount of Each Receipt this Period
FEC ID	number of contributing solitical committee.		301325	31800.00
Name of	Employer	Occupation	n	
	For: imary General her (specify) 🔻	Aggregate	Year-to-Date ▼ 44800.00	
B. Wiscons	ne (Last, First, Middle Initial) in Hospital Association Federal PAC Address 5510 Research Park Dr	rive		Date of Receipt
	Tak Di			06 21 2010
City Madis o	nn	State WI	Zip Code 53725-9038	Transaction ID: 18347214 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.		359455	1800.00
Name of	Employer	Occupation	n	
	For: imary General her (specify) ♥	Aggregate	Year-to-Date ▼ 2800.00	
	ne (Last, First, Middle Initial) and Healthsystem Assoc. of PA - Federal	I Political Action	a Comm (HAPAC)	Date of Receipt
Mailing /	· · · · · · · · · · · · · · · · · · ·		()	M M / D D / Y Y Y Y Y O D D / 23 2010
City		State	Zip Code	Transaction ID: 18354768
	ourg number of contributing political committee.	PA C00	17105-8600	Amount of Each Receipt this Period 10000.00
Name of	Employer	Occupation	n	-
	For: imary General her (specify) ▼	Aggregate	Year-to-Date ▼ 60000.00	
SUBTOTA	L of Receipts This Page (optional)			43600.00
	nis Period (last page this line number o		<u> </u>	74600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 113 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the nar			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) GMMB			Date of Receipt
	Mailing Address 1010 Wisconsin Ave NW Suite 800			06 25 2010
	City	State	Zip Code	Transaction ID: 18407113
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14637.54
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 14637.54	Refund

SUBTOTAL of Receipts This Page (optional)	•	14637.54
TOTAL This Period (last page this line number only)	•	14637.54

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 113
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
•			Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
	ny information copied from such Reports and Star for commercial purposes, other than using the na			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
	Mailing Address 1400 G Street, NW			06 30 7 9 9 9
	City	State	Zip Code	Transaction ID: 18427753
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		182.14
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1377.09	Interest Earned

SUBTOTAL of Receipts This Page (optional)	•	182.14
TOTAL This Period (last page this line number only)	•	182.14

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	s)		R LINE neck only	NUMBEF	:	F	AGE	88 / 1	13_
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		\bigcap	21b 27	22 28a	X 23 28b	24 280	-	25 29	
	y Information copied from such Reports and St for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	,									
<u>/_</u>	Full Name (Last, First, Middle Initial) Voice for Freedom PAC						ction ID Disburs		6816		
	Mailing Address 2814 Spring Road Suite 103					0 6	/ D) 4 /	y y 2	0 1 0	Y
	City Atlanta	State Zip Code GA 30339				Amoun	t of Each	Disburs	ement	this Pe	erio
	Purpose of Disbursement 2010 Contribution			01	1				250	00.00	
	Candidate Name Voice for Freedom PAC		С	ateg Typ	-						
	Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify)				2010 C	ontribu	tion			
	Full Name (Last, First, Middle Initial) America's Leadership PAC					Date of	ction ID Disburs	ement			
	Mailing Address 607 - 14th Street, NV Suite 800	1				0 6	/ D) 4 /	Y Ž	0 Ĭ 0	Y
	City Washington	State Zip Code DC 20005				Amoun	t of Each	Disburs	ement	this Pe	erio
	Purpose of Disbursement 2010 Contribution			01	1				100	00.00	
	Candidate Name America's Leadership PAC		С	ateg Typ	-						
	Office Sought: House District: Senate President State: District:	ursement For: Primary General Other (specify)				2010 C	ontribu	tion			
	Full Name (Last, First, Middle Initial) Leahy For U.S. Senator Committee					Date of	ction ID Disburs	ement			
	Mailing Address PO Box 1042					06	/ D) 4 /	ž	0 1 O	Y
	City Montpelier	State Zip Code VT 05601				Amoun	t of Each	Disburs	ement	this Pe	erio
	Purpose of Disbursement Contribution			01			0 0		100	00.00	_
	Candidate Name Sen. Patrick J. Leahy		C	ateg Typ							
	Office Sought: House Disb	ursement For: 2010 X Primary General				Contrib	oution				
	President State: VT District:	Other (specify)									

C.

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			OR LIN			R:			PA	GE	89 /	113	
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			check o 21b		22	X	23		24		25		26
Any Information copied from such Reports and Stater	ments may no	ot he cold or use	d by s	<u> </u>	27) for	28a	rnos	28b		28c	ntril	29 oution	Ļ	30b
or for commercial purposes, other than using the nam														3	
NAME OF COMMITTEE (In Full)															
American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Andre Carson For Congress							Trans Date of		-		18336	826	6		
Mailing Address P.O. Box 1863								M	/ D		D / Y	Ž	0 1 () ^Y	
1.O. Box 1000															
City Indianapolis	State IN	Zip Code 46206					Amou	nt o	f Each	ı C	isburse	mer	t this	Perio	od
Purpose of Disbursement Contribution				0	11		L.		_			10	00.00)	
Candidate Name Rep. Andre Carson			Ca	at	egory/ ype										
Office Sought: X House Senate President State: IN District: 07	ement For: Primary Other (spe	2010 X General			,,,,,		Contri	ibut	ion						
Full Name (Last, First, Middle Initial)							T		15		10000	000			
Friends Of Carolyn McCarthy							Date	of D	isburs	en					
Mailing Address 151 Linden Road							0 ^M 6	М	[′]) 4	7 Y	Ž	01) ^Y	
City Mineola	State NY	Zip Code 11501					Amou	nt o	f Each	ı C	isburse	men	t this	Perio	od
Purpose of Disbursement Contribution				0	11		L.					15	00.00)	
Candidate Name Rep. Carolyn McCarthy			Ca	at	egory/ ype										
Office Sought: X House Senate President State: NY District: 04	ement For: Primary Other (spe	2010 X General ecify) ▼					Contri	ibut	ion						
Full Name (Last, First, Middle Initial)							Tuono		ID	_	18336	000	.		
Tim Bishop For Congress							Date	of D	isburs	en	nent				
Mailing Address PO Box 437							0 ^M 6	М	[′]) 4	1 / L	2	01) [*]	
City Farmingville	State NY	Zip Code 11738					Amou	nt o	f Each	ı C	isburse	mer	t this	Perio	od
Purpose of Disbursement				U	-							5	00.00)	
Contribution				_	11										
Candidate Name Rep. Timothy Bishop					egory/ ype										
Office Sought: X House Disburs Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼					Contri	ibut	ion						
State: NY District: 01															
SUBTOTAL of Disbursements This Page (optional)		·····			. •							30	00.00)	

TOTAL This Period (last page this line number only)

		3 (FEC Form	-	Use sepa	arate schedule(s)		-	IE NUMBE	R:	P	AGE 90 /	113
IT	EMIZED DI	SBURSEMEN	ITS 📑	for each	category of the Summary Page		(check o 21b 27	22 28a	X 23 28b	24 28c	25 29	
Ar	y Information copi	ed from such Reports	and Statemen	ts may no	ot be sold or used	d by a						
	for commercial pu	rposes, other than us										
\rangle	NAME OF COM American Hos	MITTEE (In Full) pital Association F	PAC									
		First, Middle Initial) Elect Linda Sancl	hez					Date	saction ID of Disburs	ement	6835	
	Mailing Address	601 S Glenoak	s Blvd Suite	211				0 ^M 6	M / D	0 4 /	ž 0 1	0 4
	City Burbank		Sta C <i>i</i>		Zip Code 91502			Amou	ınt of Each	n Disburs	ement this	
	Purpose of Disbu Contribution Candidate Name	ursement					011				2000.0	10
	Rep. Linda T.						egory/ ype					
	Office Sought:	X House Senate President		ent For: rimary ther (spe	2010 X General ecify) ▼			Contr	ibution			
	State: CA	District: 39 First, Middle Initial)						Tuons	a atia a ID	- 1000	2044	
	Friends Of De	•						Date	saction ID of Disburs	ement		* V
	Mailing Address	PO Box 2749						0 6	M / D	04	žož	0
	City Merced		Sta C <i>i</i>		Zip Code 95340			Amou	ınt of Each	Disburs	ement this	Perio
	Purpose of Disbu Contribution	ırsement)11] L.			2500.0	0
	Candidate Name Rep. Dennis A						egory/ ype					
	Office Sought: State: CA	X House Senate President District: 18		ent For: rimary ther (spe	2010 General ecify) ▼			Contr	ibution			
		First, Middle Initial)							saction ID of Disburs		6843	
	Mailing Address	1199 Van Vooi	rhis Rd Suite	6				0 ^M 6	M / D	0 4 /	^Y 201	0 ^Y
	City Morgantown		Sta W		Zip Code 26505			Amou	ınt of Each	Disburs	ement this	Perio
	Purpose of Disbu Contribution	ırsement)11] L.			5000.0	0
	Candidate Name Mr. Michael O	liverio					egory/ ype					
	Office Sought: State: WV	X House Senate President		ent For: rimary ther (spe	2010 X General ecify)			Contr	ibution			
		District: 01	I					1				
_	State. WV											

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 91 / 113
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	Committee to so	picit contributions from such committee
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18336844
Candice Miller For Congress			Date of Disbursement
Mailing Address P.O. Box 182152			06 04 2010
	State Zip Code MI 48318		Amount of Each Disbursement this Period
Purpose of Disbursement			1500.00
Contribution Candidate Name		011 Category/	
Rep. Candice S. Miller		Туре	
Senate X President	ment For: 2010 Primary General Other (specify)		Contribution
State: MI District: 10 Full Name (Last, First, Middle Initial)			
Rush Holt For Congress			Transaction ID: 18336846 Date of Disbursement
Mailing Address PO Box 782			06 06 7 08 7 2010
,	State Zip Code NJ 08534		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Rush D. Holt		Category/ Type	
•	ment For: 2010 Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Progressive Choices PAC			Transaction ID: 18343730 Date of Disbursement
Mailing Address PO Box 58			0 6 1 0 1 0 Y 2 0 1 0 Y
	State Zip Code IL 60204		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution		011	1000.00
Candidate Name Progressive Choices PAC		Category/ Type	
	ment For: Primary General Other (specify)		2010 Contribution
SUBTOTAL of Disbursements This Page (optional) .			3500.00
TOTAL This Period (last page this line number only)			

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	,			NUMBI y one)	ER:		F	AGE	92 /	113	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u> </u>	1b [22 28a	Х	23 28b	24 280	, F	25 29		26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,											
Full Name (Last, First, Middle Initial) Future Leaders PAC Mailing Address 1155 21st St., NW Suite 300						of D	isburs	: 1834 ement		0 1	0 ^Y	
City Washington	State Zip Code DC 20036				Amo	unt c	f Each	Disburs	emer	nt this	Perio	od
Purpose of Disbursement 2010 Contribution Candidate Name Future Leaders PAC	20000	Са	011 itegory	·/					20	0.00	0	
	ement For: Primary General Other (specify)		Гуре		2010	Co	ntribu	tion				
Full Name (Last, First, Middle Initial) TRUST PAC (Team Republicans for Utilizics) Mailing Address Post Office Box 490	ing Sensible Tact-					of D	isburs	: 1834 ement	Υ ,	1 2 0 1	0 ^Y	
City St. Joseph	State Zip Code MI 49085				Amo	unt c	f Each	Disburs	emer	nt this	Perio	od
Purpose of Disbursement 2010 Contribution Candidate Name TRUST PAC (Team Republicans for Utiliz Tactics) Office Sought: House Disbursement		Са	011 itegory Гуре	1/	2010	Co	ntribu	tion	1(000.0	0	
State: District: Full Name (Last, First, Middle Initial)					Tran	cact	ion ID	: 1834	370			
Committee for a Livable Future						of D	isburs			20 1	O Y	
Suite 470									_	•		
City Portland	State Zip Code OR 97205				Amo	unt c	f Each	Disburs		nt this		od
Purpose of Disbursement 2010 Contribution			011			-	-		10	JUQ.U	Ů.	
Candidate Name Committee for a Livable Future			itegory Type	1/								
Senate President	ement For: Primary General Other (specify)				2010	Co	ntribu	tion				
State: District: SUBTOTAL of Disbursements This Page (optional)				•					40	00.0	0	
3 (-1)				_								

TOTAL This Period (last page this line number only)

	LE B (FEC FOIII	•		arate schedule(s)			R LINE I eck only		R:		L	PAGE	93 / 1	113
ITEMIZEI	D DISBURSEME	NTS		category of the Summary Page			21b	22 28a	X	23 28b	24		25 29	$\frac{2}{3}$
	n copied from such Repor cial purposes, other than u						person fo	r the pu		se of so	oliciting	contr	ibutions	\perp
\	COMMITTEE (In Full) Hospital Association	PAC												
	(Last, First, Middle Initial) Of Schumer dress 509 Madison	Ave Suite 19	902					Date of		on ID:	D /		8 2 0 1 0	Y
City New Yor	ζ		State NY	Zip Code 10022				Amou	int of	f Each	Disbur	seme	nt this F	Period
Purpose o Contributio Candidate	Disbursement on Name				C	01 ateg						1(00.00	
Sen. Cha	χ Senate President	Disburser	ment For: Primary Other (spe	2010 X General ecify) ▼		Тур	e	Contr	ibut	ion				
John Lev	(Last, First, Middle Initial) vis For Congress	'						Date of		sburse	183			Y
Mailing Ad	dress PO Box 2323 Suite 5300		24-4-	7in Oada				0 6					2 0 1 0	
City Atlanta			State GA	Zip Code 30301				Amou	ITIL OI	Laci	Disbui		nt this F 500.00	
Contribution Candidate Rep. Joh	Name					01 ateg Typ	ory/		•	0			300.00	
Office Sou	Senate President	Disburser X	ment For: Primary Other (spe	2010 General ecify)				Contr	ibut	ion				
	(Last, First, Middle Initial) Congressional Comm	nittee						Date	of Di	sburse		4380	9	
Mailing Ad	dress PO Box 5307	88						0 ^M 6	М	1	0	Y 2	ž o i o	Y
City Livonia			State MI	Zip Code 48153				Amou	int of	f Each	Disbur		nt this F	
Contribution Candidate	Name					01 ateg	ory/			•		, ,	500.00	
Office Sou	ddeus G. McCotter ght: X House Senate President District: 11	Disburser	ment For: Primary Other (spe	2010 General		Тур	e	Contr	ibut	ion				
		_							-				00.00	

IT	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	-	NUMBER: PAGE 94 / 113
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	21b	22 X 23 24 25
Ar	y Information copied from such Reports and State	ements may r	not be sold or used	d by any person f	
	for commercial purposes, other than using the na				
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Walden For Congress				Transaction ID: 18343811 Date of Disbursement
	Mailing Address PO Box 1091				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & D & D \\ O & D \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & D & D \\ O & D & D \\ O & D & D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D & D \\ D & D \\ D & D \\ D \\ D & D \\ D & D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D & D \\ D \\ D & D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & D \\ \end{smallmatrix} & \begin{smallmatrix} D & D \\ D \\ D \\ D \\ \end{smallmatrix} & D \\ \end{smallmatrix} & D \\ D$
	City Hood River	State OR	Zip Code 97031		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			011	1000.00
	Rep. Gregory P. Walden			Category/ Type	
	Senate President	sement For: Primary Other (spe	2010 X General ecify) ▼		Contribution
	State: OR District: 02 Full Name (Last, First, Middle Initial)				Transaction ID: 18343813
	Davis For Congress/Friends Of Davis				Date of Disbursement
	Mailing Address 5956 W. Race Avenue				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & G & M \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O & Y \end{bmatrix}$
	City Chicago	State IL	Zip Code 60644		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Danny K. Davis			Category/ Type	
		sement For:	2010		Contribution
	Office Sought: X House Senate President State: IL District: 07	Primary Other (spe	X General ecify) ▼		
	Senate President	Primary			Transaction ID: 18343815 Date of Disbursement
	Senate President State: IL District: 07 Full Name (Last, First, Middle Initial)	Primary			
	Senate President State: IL District: 07 Full Name (Last, First, Middle Initial) Harry Mitchell For Congress	Primary			Date of Disbursement O 6
	Senate President President State: IL District: 07 Full Name (Last, First, Middle Initial) Harry Mitchell For Congress Mailing Address PO Box 23748 City Tempe Purpose of Disbursement Contribution	Primary Other (spe	ecify) ▼ Zip Code	011	Date of Disbursement O 6
	Senate President State: IL District: 07 Full Name (Last, First, Middle Initial) Harry Mitchell For Congress Mailing Address PO Box 23748 City Tempe Purpose of Disbursement	Primary Other (spe	ecify) ▼ Zip Code	011 Category/ Type	Date of Disbursement O 6
	Senate President State: IL District: 07 Full Name (Last, First, Middle Initial) Harry Mitchell For Congress Mailing Address PO Box 23748 City Tempe Purpose of Disbursement Contribution Candidate Name Rep. Harry Mitchell Office Sought: X House Senate President Disbur	Primary Other (spe	Zip Code 85285	Category/	Date of Disbursement O 6
	Senate President President State: IL District: 07 Full Name (Last, First, Middle Initial) Harry Mitchell For Congress Mailing Address PO Box 23748 City Tempe Purpose of Disbursement Contribution Candidate Name Rep. Harry Mitchell Office Sought: X House Senate Disbur	State AZ sement For: X Primary	Zip Code 85285	Category/	Date of Disbursement M M M D D D V Y Y O Y O Y Amount of Each Disbursement this Period 1133.31

IT		Use sepa	arate schedule(s)	_	LINE NUI	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page			e) 22 X 23 24 25 28a 28b 28c 29
	/ Information copied from such Reports and or commercial purposes, other than using t					
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		oo or arry portuoa			
<u>/</u>	Full Name (Last, First, Middle Initial) Harry Mitchell For Congress					ransaction ID: 18343816 Date of Disbursement
	Mailing Address PO Box 23748					06 M 7 D 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tempe	State AZ	Zip Code 85285		A	mount of Each Disbursement this Per
	Purpose of Disbursement Contribution Candidate Name			011 Categor		1367.00
	Rep. Harry Mitchell	Disbursement For:	2010	Туре		
	Senate President State: AZ District: 05	Primary Other (spe	X General ecify) ▼			ontribution
	Full Name (Last, First, Middle Initial) Committee To Re-Elect Trent Frank	s To Congress				ransaction ID: 18343819 Date of Disbursement
	Mailing Address 12416 N. 57th Driv	ve				$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} $ $ \begin{bmatrix} D & D \\ 1 & 0 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Glendale	State AZ	Zip Code 85304		A	mount of Each Disbursement this Per
	Glendale Purpose of Disbursement Contribution			011	A	amount of Each Disbursement this Per
	Glendale Purpose of Disbursement Contribution Candidate Name Rep. Trent Franks	AZ		011 Categor Type		
	Glendale Purpose of Disbursement Contribution Candidate Name Rep. Trent Franks		2010 General	Categor	y/ [
	Glendale Purpose of Disbursement Contribution Candidate Name Rep. Trent Franks Office Sought: X House Senate President	AZ Disbursement For: X Primary	2010 General	Categor	C.	ontribution ransaction ID: 18343844 vate of Disbursement
	Glendale Purpose of Disbursement Contribution Candidate Name Rep. Trent Franks Office Sought: X House Senate President State: AZ District: 02 Full Name (Last, First, Middle Initial)	AZ Disbursement For: X Primary	2010 General	Categor	C.	ontribution ransaction ID: 18343844
	Glendale Purpose of Disbursement Contribution Candidate Name Rep. Trent Franks Office Sought: X House Senate President State: AZ District: 02 Full Name (Last, First, Middle Initial) Chris Lee For Congress	AZ Disbursement For: X Primary	2010 General	Categor	C T	ontribution ransaction ID: 18343844 Date of Disbursement M 6 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Glendale Purpose of Disbursement Contribution Candidate Name Rep. Trent Franks Office Sought: X House Senate President State: AZ District: 02 Full Name (Last, First, Middle Initial) Chris Lee For Congress Mailing Address PO Box 15395 City Rochester Purpose of Disbursement Contribution	AZ Disbursement For: X Primary Other (spe	2010 General ecify) ▼	Categor Type	y/ C	ontribution ransaction ID: 18343844 Date of Disbursement M 6 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Glendale Purpose of Disbursement Contribution Candidate Name Rep. Trent Franks Office Sought: X House Senate President State: AZ District: 02 Full Name (Last, First, Middle Initial) Chris Lee For Congress Mailing Address PO Box 15395 City Rochester Purpose of Disbursement Contribution Candidate Name Rep. Christopher John Lee	AZ Disbursement For: X Primary Other (spe	2010 General ecify) V Zip Code 14615	Categor	y/ C	ontribution ransaction ID: 18343844 Date of Disbursement M 6 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Glendale Purpose of Disbursement Contribution Candidate Name Rep. Trent Franks Office Sought: X House Senate President State: AZ District: 02 Full Name (Last, First, Middle Initial) Chris Lee For Congress Mailing Address PO Box 15395 City Rochester Purpose of Disbursement Contribution Candidate Name Rep. Christopher John Lee	AZ Disbursement For: X Primary Other (spe	2010 General ecify) V Zip Code 14615 2010 General	Categor Type	C T C C	ontribution ransaction ID: 18343844 Date of Disbursement M 6 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		OR LINE heck only		n.			PAGE	96 / 1	113
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b	24 28	Sc _	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nar											_
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	to and address of any pointed							545			
<u>/</u>	Full Name (Last, First, Middle Initial) Fattah For Congress					Trans			183	43848	3	
	Mailing Address 3900 Ford Road Suite 1	2-0					M /		0 /	YZ	0 1 0	Y
	City Philadelphia	State Zip Code PA 19131				Amou	int of	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbursement Contribution	177 10101		01	1	L.				10	00.00	
	Candidate Name Rep. Chaka Fattah				gory/							
	Office Sought: X House Senate President State: PA District: 02	sement For: 2010 Primary X General Other (specify)	I			Contr	ibutio	on				
	Full Name (Last, First, Middle Initial) BEAN-PAC					Date	of Dis	burse				
	Mailing Address PO Box 4117					0 ^M 6	M /	1	6 /	YZ	0 1 o	Y
	City Barrington	State Zip Code IL 60011				Amou	int of	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbursement 2010 Contribution			01	1	L.	_			10	00.00	
	Candidate Name BEAN-PAC			ate Typ	gory/ oe							
	Office Sought: House Senate President State: District:	sement For: Primary General Other (specify)				2010	Cont	tribut	ion			
	Full Name (Last, First, Middle Initial) Shore PAC					Date of	of Dis	burse		53725	5	
	Mailing Address P.O. Box 3157					0 ^M 6	M /	^D 1	^D 6	Y 2	0 i 0) \
	City Long Branch	State Zip Code NJ 07740				Amou	int of	Each	Disbur		nt this F	
	Purpose of Disbursement 2010 Contribution			01		L.		-		15	00.00	
	Candidate Name			ate Typ	gory/ oe							
	Senate President	sement For: Primary General Other (specify)				2010	Cont	tribut	ion			
	State: District:)						•	•	25	00.00	

	CHEDULE B (FEC Form	Use separate	schedule(s)	_	IE NUMBER: PAGE 97 / 113
IT	EMIZED DISBURSEMEN		gory of the ((check of 21b) 27	nly one) 22 X 23 24 25 28 28 28 28 29
					n for the purpose of soliciting contributions solicit contributions from such committee
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association F		, , ,		
<u>/</u>	Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson				Transaction ID: 18353732 Date of Disbursement
	Mailing Address PO Box 1112				06 16 7 2010
	City State College		o Code 6804		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution Candidate Name			011	1000.00
	Rep. Glenn W. Thompson Office Sought: X House	Disbursement For:	2010	Category/ Type	
	Senate President State: PA District: 05	Primary Other (specify)	X General		Contribution
	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Eme	erson			Transaction ID: 18353763 Date of Disbursement
	Mailing Address P.O. Box 822 400 Broadway	. Suite 501			06 / 16 / 2010
	City Cape Girardeau	State Zi _l	o Code 3702		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Jo Ann Emerson			Category/ Type	
	Office Sought: X House Senate President State: MO District: 08	Disbursement For: Primary Other (specify)	2010 X General		Contribution
	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Co	ommittee			Transaction ID: 18353769 Date of Disbursement
	Mailing Address 76 Magnolia T	errace			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Springfield		o Code 1108		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
]	Category/	
	Candidate Name Rep. Richard E. Neal			Туре	
		Disbursement For: Primary Other (specify)	2010 X General	Type	Contribution

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			R LINE			R:				PAGE	98 /	113	
IT	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27		22 28a	X	23 28b		24		25 29		26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam															
	NAME OF COMMITTEE (In Full)	ie and addres	ss of arry political	COII	1111111	100	Olic	it COIIti	ibuti	0115 1	101	11 500	II COII	11111100		
$ \rangle$	American Hospital Association PAC															
	Full Name (Last, First, Middle Initial) Clarke For Congress							Trans Date of		sburs	ser	nent	5377	0		
	Mailing Address 111-36 200th. Street							0 ^M 6	М	/ D	1 (3 /	Y	ž 0 Ť	0 ^Y	
	City Hollis	State NY	Zip Code 11412					Amou	nt o	f Eac	h [Disbui	seme	nt this	Peri	od
	Purpose of Disbursement Contribution			Г	01	1.			_	-			1(00.00	Ö.	_
	Candidate Name Rep. Yvette D. Clarke			С	ateg Typ	ory/ e										
		ement For: Primary Other (spe	2010 General					Contri	but	ion						
	State: NY District: 11															
	Full Name (Last, First, Middle Initial) Larson For Congress							Trans Date of		sburs	ser	nent				
	Mailing Address 29 Ruff Circle							0 ^M 6	М	/ D	1 (D /	Y	ž 0 Ť	0 ^Y	
	City Glastonbury	State CT	Zip Code 06033					Amou	nt o	f Eac	h [Disbu	seme	nt this	Peri	od
	Purpose of Disbursement Contribution				01	1		<u></u>	_	_		_	10	00.00	0	_
	Candidate Name Rep. John B. Larson			С	ateg Typ	ory/ e										
	Office Sought: X House Senate President State: CT District: 01	ement For: Primary Other (spe	2010 X General cify) ▼					Contri	but	ion						
_	Full Name (Last, First, Middle Initial) Inslee For Congress							Trans Date of					5377	2		
	Mailing Address PO Box 33027							0 ^M 6	М	/ D	1 (D /	Y	ž 0 1	0 ^Y	
	City Seattle	State WA	Zip Code 98133					Amou	nt o	f Eac	h [Disbui	seme	nt this	Peri	od
	Purpose of Disbursement Contribution			Г	01	1			-	_		_	10	00.00	0	
	Candidate Name Rep. Jay Inslee			С	ateg Typ											
	Senate X President	ement For: Primary Other (spe	2010 General					Contri	but	ion						
$\overline{}$	State: WA District: 01															
1														00.00	_	

		O (FEC FOIIII ,	•		rate schedule(s)			check or	E NUMBE	:K:			AGE	99 / 1	113
		SBURSEMEN'		Detailed S	category of the Summary Page		È	21b 27	22 28a		23 28b	24 280		25 29	
		ed from such Reports poses, other than using													;
1	NAME OF COMM	•		4.10 444.00	o o any pomioa							000			
	Full Name (Last, Friends Of Ros	First, Middle Initial) a DeLauro							-		n ID:	1835 ment	3773	}	
<u></u>	Mailing Address	12 Trumbull Str	eet						0 ^M 6	M /	1	^D /	^Y 2	0 1 C) ^Y
	City New Haven			State CT	Zip Code 06511				Amo	unt of	Each	Disburs			
(Purpose of Disbu Contribution Candidate Name	rsement					01		L.	•			10	00.00	,
F	Rep. Rosa L. D		Disburser	ment Feri	2010		Ty	gory/ pe							
	Office Sought:	X House Senate President	Disburser	Primary Other (spe	X General				Cont	ributi	on				
F		District: 03 First, Middle Initial)										1835	3782	<u>.</u>	
_	Carnahan In C Mailing Address	ongress 7370 Manchest	er Rd Ste	20					Date 0 6	M /	burse	ment 6	Y Ž	0 Ĭ 0) ^Y
	City			State	Zip Code				Amo	unt of	Each	Disburs	emen	t this F	Peric
F	St. Louis Purpose of Disbu Contribution	rsement		MO	63143	Г	01	1					50	00.00)
(Candidate Name Rep. Russ Car	nahan						gory/							
	Office Sought:	X House Senate President District: 03	Disburser	ment For: Primary Other (spe	2010 X General cify) ▼				Cont	ributi	on				
		First, Middle Initial) or Congress 2010							Date	of Dis	burse		3783	}	
N	Mailing Address	5915 Eastman Suite 100	Avenue						0 ^M 6	M /	^D 1	6 /	Ý Ž	0 i 0) ^Y
	City Midland			State MI	Zip Code 48640				Amoi	unt of	Each	Disburs		-	
(Purpose of Disbu Contribution Candidate Name	rsement				Ĺ	01		L.		•		10	00.00)
	Rep. David Lee	Camp					ate Ty	gory/ pe							
	Office Sought:	X House Senate President District: 04	Disburser X	ment For: Primary Other (spe	2010 General cify) ▼				Cont	ributi	on				
_			(optional)											00.00	_

		3 (FEC Form	· U	se sepa	arate schedule(s)	-	E NUMBER:	PAGE 100 / 113
ITEI	MIZED DIS	SBURSEMEN	ITS fo	or each	category of the Summary Page	(check or 21b 27	22 X 23 2	24
							for the purpose of soliciting olicit contributions from su	
\ N	AME OF COM	AITTEE (In Full) Dital Association F		<u> </u>	oo o a y pomoa			<u> </u>
	ull Name (Last, agen 4 Congi	First, Middle Initial) ress					Transaction ID: 18 Date of Disbursement	
M	ailing Address	100 W. College 50 D	e Ave.				06 / 22	2010
	ppleton		Stat WI	е	Zip Code 54911		Amount of Each Disb	
Co	urpose of Disbu	rsement				011		1000.00
R	andidate Name ep. Steve Ka	gen X House	Disbursemer	nt For:	2010	tegory/ ype		
	tate: WI	Senate President District: 08	X Pri	mary	General		Contribution	
Fı		First, Middle Initial)					Transaction ID: 18 Date of Disbursement	
M	ailing Address	PO Box 732					06 / 22	2010
Ci C	ity Ilinton		State SC	е	Zip Code 29325		Amount of Each Disb	ursement this Peri
Co	urpose of Disbu ontribution andidate Name	rsement				011	<u> </u>	2500.00
Je	eff Duncan ffice Sought:	χ House	Disbursemer	nt Eor:	2010	tegory/ ype	_	
	tate: SC	Senate President District: 03	Pri	mary	X General ecify) ▼		Contribution	
	, .	First, Middle Initial) and Freedom Wo	rk PAC				Transaction ID: 18 Date of Disbursement	
M	ailing Address	PO Box 196					06 / 22	2010
Ci Tı	ity upelo		Stat MS		Zip Code 38802		Amount of Each Disb	• • • •
20	urpose of Disbu 010 Contribution					011		1000.00
R		and Freedom Wo				tegory/ ype		
O ¹	ffice Sought:	House Senate	1	nt For: mary ner (spe	General		2010 Contribution	
		President			City)		1	

SCHEDOLL B (I LC I OIIII 5X)	Use separate schedule(s) (check or	E NUMBER: PAGE 101 / 113
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Glacier PAC			Transaction ID: 18360082 Date of Disbursement
	NIM		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 818 Connecticut Ave. Suite 1100			
City Washington	State Zip Code DC 20006		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 Contribution		011	5000.00
Candidate Name Glacier PAC		Category/ Type	
Senate President	ursement For: Primary Genera Other (specify) ▼		2010 Contribution
State: District:			
Full Name (Last, First, Middle Initial) Tim Ryan For Congress			Transaction ID: 18360083 Date of Disbursement
Mailing Address 1600 Roosevelt Avenu Suite 804	Je		
City Niles	State Zip Code OH 44446		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Timothy J. Ryan		Category/ Type	
Office Sought: X House Senate President State: OH District: 17	ursement For: 2010 Primary X Genera Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) Georgians For Isakson			Transaction ID: 18360143 Date of Disbursement
Mailing Address Post Office Box 2501	16		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Atlanta	State Zip Code GA 30325		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Sen. Johnny Isakson		Category/ Type	
X Senate President	orsement For: 2010 Primary X General Other (specify) ▼		Contribution
State: GA District:			
	al)		7000.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	, [IĘ NUMBEF	:	PA	AGE 10	02 / 113	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	′ _I	(check or 21b	nly one) 22 [X 23 [7 24	☐ 25	5 N	26
	Detailed Guillinary Fage		27	28a	28b	28c	29	\square	30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam-									
NAME OF COMMITTEE (In Full)	, , , ,								
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) Whitfield For Congress Committee					ction ID:)147		
				M M	_		YYY	1 0 °	
Mailing Address P.O. Box 391				0.6	2	2	20	1 0	
City Hopkinsville	State Zip Code KY 42241			Amoun	t of Each I	Disburse	ement th	is Period	t
Purpose of Disbursement Contribution			011	_ L.			1000	.00	
Candidate Name Rep. Edward Whitfield			tegory/ Type						
Senate President	ement For: 2010 Primary X General Other (specify)			Contrib	oution				
State: KY District: 01 Full Name (Last, First, Middle Initial)				T	ID	10000	1150		
Wolverine PAC				Date of	ction ID: Disburse	ment		V * V	
Mailing Address 607 - 14th Street, NW Suite 800				06	[/] ^D 2	2 /	žo	10	
City Washington	State Zip Code DC 20005			Amoun	t of Each	Disburse	ement th	is Period	t
Purpose of Disbursement 2010 Contribution			011				2500	.00	
Candidate Name Wolverine PAC		Ca	tegory/						
Senate President	ement For: Primary General Other (specify)		71-2	2010 0	Contributi	on			
State: District: Full Name (Last, First, Middle Initial)				-		10000	150		—
Prairie PAC					ction ID: Disburse		1153		
Mailing Address 426 C Street, NE				06	/ D2	4 /	ž 0	10	
City Washington	State Zip Code DC 20002			Amoun	t of Each	Disburse	ement th	is Period	t
Purpose of Disbursement 2010 Contribution			011	T L.			1000	.00	
Candidate Name Prairie PAC		Са	tegory/ Type						
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	ļ		2010 C	Contributi	on			
SUBTOTAL of Disbursements This Page (optional)			▶				4500	.00	$\overline{1}$
							-	-	Ŧ
TOTAL This Period (last page this line number only)			🕨						

OO	HEDULE B	(FEC Form	3X)	Use sepa	arate schedule(s)		_		NUMBE	R:		PAGE	103 /	113
ITE	MIZED DIS	BURSEMEN	TS		category of the Summary Page		$\stackrel{\cdot}{\Box}$ 2	21b [27	y one) 22 28a	X 23 28		4 8c	25 29	
		from such Reports oses, other than usi												;
1	NAME OF COMMI				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	Full Name (Last, Fi PAC to the Futu										ID: 180	360154	1	
N	Mailing Address	607 Fourteenth Suite 800	Street N.\	W .					0 ^M 6	M /	24	YZ	2 0 1 0	Y
\	City Washington			State DC	Zip Code 20005				Amou	int of Ea	ch Disbu			-
2	Purpose of Disburs 2010 Contribution Candidate Name	sement					011 ategor	w/				30	00.00	
F	PAC to the Futu Office Sought:	House Senate	Disburse	ment For:	General		Type	y [,]	2010	Contrib	oution			
		President District:		Other (spe										
	Full Name (Last, Fi Leadership of To	rst, Middle Initial) oday & Tomorrov	v						Date	of Disbu	ID: 180			V
N	Mailing Address	PO Box 26106)						0 ^M 6	M /	24	' 2	0 i o)
	City Los Angeles			State CA	Zip Code 90026				Amou	int of Ea	ıch Disbu			
2	Purpose of Disburs 2010 Contribution Candidate Name	ement				C	011 ategor	y/				10	00.00	
	Office Sought:	House Senate President District:	Disburse	ment For: Primary Other (spe	General ecify) ▼		Type		2010	Contrik	oution			
	Full Name (Last, Fi Committe To Re	rst, Middle Initial) e-Elect Ed Towns	,						Date	of Disbu	ID: 180			
N	Mailing Address	438 Lewis Ave	nue						0 6	M /	^D 2 4	¥ 2	0 i o) \
	City Brooklyn			State NY	Zip Code 11233				Amou	int of Ea	ıch Disbu	ırsemer	nt this F	erio
(Purpose of Disburs Contribution	ement				Ĺ	011		L.			10	00.00	
F	Candidate Name Rep. Edolphus 1	Towns					ategor Type	y/						
	Office Sought: State: NY	X House Senate President		ment For: Primary Other (spe	2010 General				Contr	ibution				
	Siale. IN 1 I	District: 10												_

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check onl	NUMBER: PAGE 104 / 113
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,		
Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.			Transaction ID: 18362393 Date of Disbursement
Mailing Address P.O. Box 61337			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Denver	State Zip Code CO 80206		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Diana DeGette		Category/ Type	
Senate President	sement For: 2010 X Primary General Other (specify)		Contribution
State: CO District: 01 Full Name (Last, First, Middle Initial) Karen Bass For Congress			Transaction ID: 18362397 Date of Disbursement
Mailing Address 777 S. Figueroa Street Suite 4050			06 24 2010
City Los Angeles	State Zip Code CA 90017		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Ms. Karen Bass		Category/ Type	
Office Sought: X House Disbur Senate President State: CA District: 33	sement For: 2010 Primary X General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) Friends Of Bill Posey			Transaction ID: 18362399 Date of Disbursement
Mailing Address P. O. Box 360877			06 06 7 25 7 2010
City Melbourne	State Zip Code FL 32936		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Bill Posey		Category/ Type	
Senate President	sement For: 2010 X Primary General Other (specify)		Contribution
State: FL District: 15			
SUBTOTAL of Disbursements This Page (optiona)		3000.00

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LIN			R:			РА	GE	105	/ 113
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27		22 28a	X	23 28b	Н	24 28c	Н	25 29	26 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name												s
NAME OF COMMITTEE (In Full)												
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Denny Heck For Congress					Fransa Date o		sburs	eme	8362 nt	624		
Mailing Address 2921 Cloverfield Drive S	Se				0 ^M 6	M /	^D 2	25	/ Y	ž	0 1 (o ^Y
City Olympia	State Zip Code WA 98501			/	Amour	nt of	Each	n Dis	burse	men	t this	Period
Purpose of Disbursement Contribution		01	1							50	00.00)
Candidate Name Mr. Dennis Heck		Cate Typ	gory/									
	ement For: 2010 Primary General Other (specify)			C	Contri	but	ion					
Full Name (Last, First, Middle Initial)				1	Γransa	acti	on ID:	: 1	8362	626		
National Republican Senatorial Committe	e			ו	Date o	of Di			nt / Y	Y	Y	Υ
Mailing Address 425 Second Street, NE					0 6		2	2 9		2	0 1 (0
City Washington	State Zip Code DC 20002			,	Amour	nt of	Each	n Dis		-		Period
Purpose of Disbursement 2010 Contribution		01	1			-	-	0		150	00.00)
Candidate Name		Cateo Typ										
Office Sought: House Disburs	ement For: Primary General Other (specify) ▼			2	010 (Cor	ntribu	tion	ı			
Full Name (Last, First, Middle Initial)					Fransa	acti	on ID:	: 1	8362	629		
Opportunity & Renewal Act (OR) PAC					Date o	f Di	sburs	eme		0_0		
Mailing Address 2236 SE 10th Avenue					0 6	M /	2	2 9	/ L	ž	0 1 (O Y
City Portland	State Zip Code OR 97214			,	Amour	nt of	Each	n Dis	burse	men	t this	Period
Purpose of Disbursement 2010 Contribution		01	1			_	•			25	00.00)
Candidate Name Opportunity & Renewal Act (OR) PAC		Cateo Typ	gory/									
Senate President	ement For: Primary General Other (specify) ▼			2	010 (Cor	ntribu	tion	l			
State: District:												
SUBTOTAL of Disbursements This Page (optional)						_			2	250	0.00	<u> </u>

TOTAL This Period (last page this line number only)

FE6AN026

	CHEDOLL B (I LC I OIII 3X)	Use separate schedule(s	())K LINE neck only		n.			PA	GE	106 /	113
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b		24 28c		25 29	
	y Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)												
L	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln Mailing Address PO Box 3197					Date of 0 6		sburs				0 Ť 0	Y
	City	State Zip Code				Amou	nt of	Each	n Disk	ourse	ment	this P	eriod
	Little Rock Purpose of Disbursement Contribution	AR 72203		01	1						250	00.00	
	Candidate Name Sen. Blanche Lambert Lincoln			ateg Typ	ory/								
	Office Sought: House Disbute	sement For: 2010 Primary X General Other (specify)				Contr	ibuti	ion					
	Full Name (Last, First, Middle Initial) Collins For Senator					Trans Date		sburs	emer			V	V
	Mailing Address PO Box 1096					0 6	/	2	2 9		2	0 Ĭ 0	
	City Bangor	State Zip Code ME 04402				Amou	nt of	Each	n Dist	ourse	-	this P	
	Purpose of Disbursement 2014 Contribution Candidate Name Sen. Susan M. Collins		1	01 ateg Typ	ory/			•			100	50.00	•
	9	sement For: 2010 X Primary General Other (specify)		- 7 -		2014	Con	ntribu	tion				
	Full Name (Last, First, Middle Initial) Jim Himes For Congress					Trans	of Di	sburs	emer		•		
	Mailing Address 857 Post Road, #312					0 ^M 6	M /		29	/ Y	ž	0 Ĭ 0	Y
	City Fairfield	State Zip Code CT 06824				Amou	nt of	Each	n Dist	ourse	ment	this P	eriod
	Purpose of Disbursement Contribution			01	1		•				100	00.00	
	Candidate Name Rep. James A. Himes			ateg Typ	ory/ e								
	Office Sought: X House Disbute Senate President State: CT District: 04	sement For: 2010 Primary X General Other (specify)				Contr	ibuti	ion					
	2.5						_						

IT	CHEDULE B (FEC Form	y Use sep	parate schedule(s)	-	E NUMBER: PAGE 107/113
	EMIZED DISBURSEMEN	TS for each	category of the Summary Page	(check onl	y one) 22 X 23 24 25 2 28a 28b 28c 29
					for the purpose of soliciting contributions olicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association P		,		
<u>, </u>	Full Name (Last, First, Middle Initial) Michaud For Congress				Transaction ID: 18362648 Date of Disbursement
	Mailing Address 213 Lisbon St				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Lewiston	State ME	Zip Code 04240		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			011	1000.00
	Rep. Michael H. Michaud Office Sought: X House	Disbursement For:	2010	Category/ Type	
	Senate President State: ME District: 02	Primary Other (sp	X General		Contribution
	Full Name (Last, First, Middle Initial) Castle Campaign Fund				Transaction ID: 18362649 Date of Disbursement
	Mailing Address PO Box 133				$\begin{bmatrix} \begin{smallmatrix} M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
	City Wilmington	State DE	Zip Code 19899		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Mr. Michael Castle			Category/ Type	
		D: 1	2010		Contribution
	Office Sought: House X Senate President	Disbursement For: Primary Other (sp	X General ecify) ▼		COMMISSION
	x Senate	Primary			Transaction ID: 18362669 Date of Disbursement
	X Senate President State: DE District: Full Name (Last, First, Middle Initial) Coffman For Congress Mailing Address 9249 South Bro	Primary Other (sp			Transaction ID: 18362669
	X Senate President State: DE District: Full Name (Last, First, Middle Initial) Coffman For Congress	Primary Other (sp			Transaction ID: 18362669 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	X Senate President State: DE District: Full Name (Last, First, Middle Initial) Coffman For Congress Mailing Address 9249 South Bro #200-501 City Highlands Ranch Purpose of Disbursement Contribution	Primary Other (sp	zip Code	011	Transaction ID: 18362669 Date of Disbursement O 6
	X Senate President State: DE District: Full Name (Last, First, Middle Initial) Coffman For Congress Mailing Address 9249 South Bro #200-501 City Highlands Ranch Purpose of Disbursement Contribution Candidate Name Rep. Mike Coffman	Other (sp	Zip Code 80129	011 Category/ Type	Transaction ID: 18362669 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	X Senate President State: DE District: Full Name (Last, First, Middle Initial) Coffman For Congress Mailing Address 9249 South Bro #200-501 City Highlands Ranch Purpose of Disbursement Contribution Candidate Name	Primary Other (sp	Zip Code 80129	Category/	Transaction ID: 18362669 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)			FOR LINE NUMBER: PAGE 108 / (check only one)				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 X 23 24 25 28 28a 28b 28c 29			
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full) American Hospital Association PAC								
۸.	Full Name (Last, First, Middle Initial) Klein For Congress					Transaction ID: 18362670 Date of Disbursement			
	Mailing Address 21301 Powerline Road,	Suite 204				0 6 M / 2 9 / Y 2 0 1 0 Y			
	City Boca Raton	State Zip Code FL 33431				Amount of Each Disbursement this Period			
	Purpose of Disbursement Contribution			01	1	1500.00			
	Candidate Name Rep. Ronald Klein		Ca		ory/				
		ement For: 2010 Primary General Other (specify)				Contribution			
	Full Name (Last, First, Middle Initial) Klein For Congress					Transaction ID: 18362673 Date of Disbursement			
	Mailing Address 21301 Powerline Road,	Suite 204				0 6 Disbursement			
	City Boca Raton	State Zip Code FL 33431				Amount of Each Disbursement this Period			
	Purpose of Disbursement Contribution			01		1000.00			
	Candidate Name Rep. Ronald Klein			ateg Typ	ory/ e				
	Office Sought: X House Senate President State: FL District: 22	ement For: 2010 Primary X General Other (specify)				Contribution			
	Full Name (Last, First, Middle Initial) Friends Of Glenn Nye					Transaction ID: 18362674 Date of Disbursement			
	Mailing Address PO Box 68444					06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	City Virginia Beach	State Zip Code VA 23471				Amount of Each Disbursement this Period			
	Purpose of Disbursement Contribution			01	1	1000.00			
	Candidate Name Rep. Glenn C. Nye, III		Ca		ory/				
	Office Sought: X House Senate President State: VA District: 02	ement For: 2010 Primary X General Other (specify)	<u> </u>			Contribution			
	SUBTOTAL of Disbursements This Page (optional)				<u> </u>	. 3500.00			
Г									
L'	TOTAL This Period (last page this line number only	······							

Silver State 21st Century PAC Mailing Address 3069 Conquista Ct City State Zip Code NV 89121 Amount of Eac NV 89121 Amount of Eac Senate Primary General Other (specify) ▼ State: District: Pull Name (Last, First, Middle Initial) Sen. Scott Brown Office Sought: House Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Cardidate Name Sen. Scott Brown Office Sought: House Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Cardidate Name Sen. Scott Brown Office Sought: House X Senate Primary General Date of Disbursement 2012 Contribution Cardidate Name Sen. Scott Brown Office Sought: House X Senate Primary General Date of Disbursement 2012 Contribution Cardidate Name Sen. Scott Brown Office Sought: House X Senate Primary General Disbursement For: 2012 Senate Primary General District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions for NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Silver State 21st Century PAC Mailing Address 3069 Conquista Ct City Las Vegas NV 89121 Purpose of Disbursement 2010 Contribution Candidate Name Silver State 21st Century PAC Office Sought: House Prisident President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House Disbursement For: 2012 X Primary General Prisident Category/ Type Office Sought: House Name Sen. Scott Brown Office Sought: House Disbursement For: 2012 X Primary General Prisident Category/ Type Office Sought: House Name Sen. Scott Brown Office Sought: House Disbursement For: 2012 X Primary General Prisident Category/ Type Office Sought: Other (specify) ▼ Transaction II Date of Disbursement For: 2012 X Primary General Prisident Category/ Type Office Sought: Transaction II Date of Disbursement For: 2012 X Primary General Prisident Category/ Type Transaction II Date of Disbursement For: 2012 X Primary General Prisident Category/ Type Transaction II Date of Disbursement For: 2012 X Primary General Prisident Category/ Type Transaction II Date of Disbursement For: 2012 X Primary General Prisident Category/ Type Transaction II Date of Disbursement For: 2012 X Primary General Prisident Category/ Type Transaction II Date of Disbursement For: 2012 X Primary General Prisident Category/ Type Office Sought: Y Prisident Category/ Type Office Sought: Y Prisident Category/ Type Office Sought: Y Primary General Prisident Category/ Type Office Sought: Y Primary General Prisident Category/ Type Office Sou	24 25 29 29		
American Hospital Association PAC Full Name (Last, First, Middle Initial) Silver State 21st Century PAC Mailing Address 3069 Conquista Ct City Las Vegas NV 89121 Purpose of Disbursement 2010 Contribution Candidate Name Senate President State: District: Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City Wrentham MA 02093 Purpose of Disbursement 2012 Contribution City State Zip Code MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House Disbursement For: State: District: Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House President State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code Amount of Eac Transaction It Date of Disbursement Disbursement For: 2012 Zip Frimary General Other (specify) ▼ Transaction It Date of Disbursement In Date	soliciting contributions		
Full Name (Last, First, Middle Initial) Silver State 21st Century PAC Mailing Address 3069 Conquista Ct City State Zip Code NV 89121 Purpose of Disbursement 2010 Contribution Candidate Name Silver State 21st Century PAC Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: Nisbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: Nisbursement For: Senate Name Sen. Scott Brown Office Sought: Nisbursement For: Senate Name Sen. Scott Brown Office Sought: Nisbursement For: Nisbursement For: Senate Name Sen. Scott Brown Office Sought: Nisbursement For: Nisbursement For: Nisbursement For: Senate Name Sen. Scott Brown Office Sought: Nisbursement For: Nisburseme			
Silver State 21st Century PAC Mailing Address 3069 Conquista Ct City State Zip Code NV 89121 Purpose of Disbursement 2010 Contribution Candidate Name Silver State 21st Century PAC Office Sought: House Primary General Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: Verentham State Zip Code MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: Verimary General Disbursement For: 2012 X Primary General Category/ Type Office Sought: X Senate Disbursement For: 2012 X Primary General Disbursement For: 2012 X Primary General Disbursement State: MA District: Tull Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code Amount of Eac			
Mailing Address 3069 Conquista Ct City State Zip Code NV 89121 Purpose of Disbursement 2010 Contribution Candidate Name Silver State 21st Century PAC Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House Primary General Category/ Type Disbursement For: 2012	D: 18427854		
City State Zip Code NV 89121 Amount of Eac NV 89121			
Las Vegas NV 89121 Purpose of Disbursement 2010 Contribution Candidate Name Silver State 21st Century PAC Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House Sen. Scott Brown Office Soug	16 7 2010		
Purpose of Disbursement 2010 Contribution Candidate Name Silver State 21st Century PAC Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House X Senate MA District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House X Senate Committee Transaction II Date of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House X Primary General Other (specify) ▼ Transaction II Date of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House X Primary General Other (specify) ▼ Transaction II Date of Disbursement For: 2012 X Primary General Other (specify) ▼ Transaction II Date of Disbursement For: 2012 X Primary General Date of Disbursement For: 2012 Amount of Each Mailing Address PO Box 33027	h Disbursement this Period		
Candidate Name Silver State 21st Century PAC Office Sought: House Senate Primary General President Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House X Senate MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code Mamount of Eac X Primary General Other (specify) ▼ Transaction II Date of Disbursement Date of Disbursement For: 2012 Zip Code Mamount of Eac X Primary General Other (specify) ▼ Transaction II Date of Disbursement Date of Disbursement For Congress Mailing Address PO Box 33027	1500.00		
Silver State 21st Century PAC Office Sought:			
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House X Senate Primary General Other (specify) ▼ State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code Trimary General Other (specify) ▼ Transaction II Date of Disbursement For: 2012 Amount of Eac Transaction II Date of Disbursement For Congress Mailing Address PO Box 33027			
Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House X Senate President President State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 Transaction II Date of Disbursement For: 2012 X Primary General Other (specify) Transaction II Date of Disbursement For: 2012 X Primary General Date of Disbursement For: 2012 Amount of Each Category/Type Transaction II Date of Disbursement For: 2012 Amount of Each Category/Type Amount of Each Category/Type Transaction II Date of Disbursement For: 2012 Amount of Each Category/Type State: MA District: Primary General Date of Disbursement For: 2012 Amount of Each Category/Type Transaction II Date of Disbursement For: 2012 Amount of Each Category/Type Amount of Each	ution		
Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City State Zip Code Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House Versident President President State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code Amount of Each Code Code Code Code Code Code Code Code			
City Wrentham MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address Purpose of Disbursement MA District: State State MA District: State State State Amount of Eac Other (specify) Type 2012 Contribut Category/ Type 2012 Contribut Transaction II Date of Disbursement For: Date of Disbursement For: State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code Amount of Eac	Transaction ID: 18427922 Date of Disbursement		
Wrentham MA 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House X Senate President President State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code MA 02093 Other (specify) Other (specify) Transaction II Date of Disbursement For: 2012 X Primary General Other (specify) Other (specify) Transaction II Date of Disbursement For: 2012 Amount of Each State Zip Code Amount of Each State Zip Code	1 6 Y 2 0 1 0 Y		
Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: House X Senate President State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 Disbursement For: 2012 X Primary General Other (specify) Transaction II Date of Disbursement M 6 M District Amount of Eac	h Disbursement this Period		
Candidate Name Sen. Scott Brown Office Sought: House X Senate President State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City Category/ Type 2012 Contribut Transaction II Date of Disburs M 6 M / D State State Zip Code Amount of Eace	1000.00		
Office Sought: House X Senate President Other (specify) ▼ State: MA District: Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code Amount of Each Congress Disbursement For: 2012 Quality General Other (specify) ▼ Transaction II Date of Disbursement For: 2012 Quality General Other (specify) ▼ State Zip Code Amount of Each Code Quality General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City State Zip Code Amount of Eac	ution		
Mailing Address PO Box 33027 City State Zip Code Amount of Eac	D: 18427926 sement		
	1 6 Y 2 0 1 0 Y		
5544.5	h Disbursement this Period		
Purpose of Disbursement Contribution 011	1000.00		
Contribution Candidate Name Rep. Jay Inslee O11 Category/ Type			
Office Sought: X House Disbursement For: 2010 Contribution Senate President Other (specify) ▼			
State: WA District: 01			
SUBTOTAL of Disbursements This Page (optional)	3500.00		
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC FOIII 3X)		•	Use separate schedule(s)		FOR LINE (check on			IE NUMBER: PAGE 110 / 113 nlv one)				/ 113		
	EMIZED DISBURSEMEN		Detailed S	category of the Summary Page		À	21b 27	22 28a	団	23 28b	24 28	3c	25 29	
	Information copied from such Reports or commercial purposes, other than usi													S
_	NAME OF COMMITTEE (In Full) American Hospital Association P		and dddres	or any pointour	-		.0 10 30	noit conti		713 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		milloc	
<u>/</u>	Full Name (Last, First, Middle Initial) Committee To Reelect Congress	man Chris	Smith					Date	of Dis	burse				
	Mailing Address P.O. Box 3184							0 5	M /	^D 2	5	Y 2	ž 0 i (o ^Y
	City Hamilton		State NJ	Zip Code 08619				Amou	int of	Each	Disbu		nt this I	
	Purpose of Disbursement Contribution Redesignation of Contribu	ıtion Reporte	d on 5/25/2	010	_	011			_			1(00.00)
	Candidate Name Rep. Christopher H. Smith	1 5				atego Type	-	[MEM	10 17	EM1				
	Office Sought: X House Senate President	Disburser	ment For: Primary Other (spe	2010 General cify) ▼				Contr of Co on 5/2	ibuti ntrib 25/20	on R ution 010	edesiç Repo	gnatic orted	n	
	State: NJ District: 04 Full Name (Last, First, Middle Initial) Committee To Reelect Congress	man Chris	Smith					Trans			184	3169	3	
	Mailing Address P.O. Box 3184							0 ^M 6	M /	^D 3	0 /	Y	ž o ž (O Y
	City Hamilton		State NJ	Zip Code 08619				Amou	int of	Each	Disbu	rseme	nt this	Perio
	Purpose of Disbursement Contribution Redesignation to 2010 Ge	eneral			Γ	011		L.				10	00.00)
	Candidate Name Rep. Christopher H. Smith					atego Type	-	[MEM	דו חו	-EM1				
	Office Sought: X House Senate President State: NJ District: 04	Disburser	ment For: Primary Other (spe	2010 X General cify)				Contr to 20			edesiç al	gnatio	n	
	Full Name (Last, First, Middle Initial) Matheson For Congress							Trans	of Dis	burse	ement			
	Mailing Address P O Box 52104 Suite A	18						0 ^M 4	М /	^D 2	0 /	¥ 2	ž 0 i (O Y
	City Salt Lake City		State UT	Zip Code 84152				Amou	int of	Each	Disbu		nt this	
	Purpose of Disbursement Contribution Redesignation of Contribution Reported on 4/20/2010 Candidate Name					011 atego	urv/	L.	•			3	500.00	J
	Rep. James D. Matheson	1 5				Туре		[MEM	10 17	EM1				
	Office Sought: X House Senate President State: UT District: 02	Disburser X	ment For: Primary Other (spe	2010 General cify) ▼				Contr of Co on 4/2			edesiç Repo	gnatio orted	on	
	Jan. J. Diotilot. VL	1												

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 111 / 113
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and S for commercial purposes, other than using the	•	, , ,	
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 18431737
	Matheson For Congress			Date of Disbursement
	Mailing Address P O Box 521048 Suite A			06 0 0 1 7 2 0 1 0 9
	City Salt Lake City	State Zip Code UT 84152		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Redesignation to 2010 General		011	3500.00
	Candidate Name Rep. James D. Matheson		Category/ Type	(MENO ITEM)
	Office Sought: X House Dis Senate President	bursement For: 2010 Primary X General Other (specify)		[MEMO ITEM] Contribution Redesignation to 2010 General
	State: UT District: 02			

SUBTOTAL of Disbursements This Page (optional)	•		0.00
TOTAL This Period (last page this line number only)	→	-	113000.31

C.

00UEDIU E D (EEO E			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 112/113
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	e and address of any pointed		more contributions from sacri committee
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18427739
American Express			Date of Disbursement
Mailing Address Ste. 001			06 0 0 1 7 2 0 1 0 9
City	State Zip Code		Amount of Each Disbursement this Period
Chicago	IL 60679		4.95
Purpose of Disbursement Merchant Fees		001	4.93
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		Merchant Fees
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 18427747 Date of Disbursement
Mailing Address Ste. 001			06 07 7 2010
City	State Zip Code		Amount of Each Disbursement this Period
Chicago	IL 60679		50.38
Purpose of Disbursement Merchant Fees		001	00.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Merchant Fees
Full Name (Last, First, Middle Initial)			
Merchant Bankcard			Transaction ID: 18427748 Date of Disbursement
Mailing Address 1601 Elm Street			06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees		001	87.40
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	туре	Merchant Fees
State: District:	_ ·		
SUBTOTAL of Disbursements This Page (optional)		>	142.73

TOTAL This Period (last page this line number only)

President

District:

ay	E# 10931033701					
S	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		NUMBER: PAGE 113/113	
IT	EMIZED DISBURSEMENTS		category of the Summary Page	(check only 21b 27	22 23 24 25 2	6 0b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
/	American Hospital Association PAC					
	Full Name (Last, First, Middle Initial)				Transaction ID: 18427750	
	Paymentech				Date of Disbursement	
	Mailing Address 14221 Dallas Parkway Building Two				06 04 7 2010	
	7	State TX	Zip Code 75254		Amount of Each Disbursement this Period	
	Purpose of Disbursement	17	73234		88.87	1
	Merchant Fees			001		
	Candidate Name			Category/ Type		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼		Merchant Fees	
	Full Name (Last, First, Middle Initial)				Transaction ID: 18427751	_
	Citibank, F.S.B.				Date of Disbursement	
	Mailing Address 1400 G Street, NW				06 18 7 2010	
	7	State DC	Zip Code 20005		Amount of Each Disbursement this Period	_
	Purpose of Disbursement Bank Fee			001	71.33	_
	Candidate Name			Category/ Type		
	Office Sought: House Disburse Senate	ement For: Primary	General		Bank Fee	

SUBTOTAL of Disbursements This Page (optional)	•	160.20
TOTAL This Period (last page this line number only)	•	302.93

Other (specify)

State: